

San Benito County  
2018 Contribution Rate Sheet  
Effective: January 1, 2018

Plan by Tier	Medical Contributions - Active Rates			BiWeekly (24 Pay Period) Cost
Active and Early Retiree Rates	Carrier Rates	County Contribution	Employee Share	Employee Share
<b>EIA Kaiser HMO</b>				
Single	\$764.00	\$550.00	\$214.00	\$107.00
Two Party	\$1,513.00	\$1,050.00	\$463.00	\$231.50
Family	\$1,963.00	\$1,315.00	\$648.00	\$324.00
<b>EIA Anthem SAFETY PPO</b>				
Single	\$675.00	\$550.00	\$125.00	\$62.50
Two Party	\$1,351.00	\$1,050.00	\$301.00	\$150.50
Family	\$1,726.00	\$1,315.00	\$411.00	\$205.50
<b>EIA Anthem PPO MID</b>				
Single	\$768.00	\$550.00	\$218.00	\$109.00
Two Party	\$1,536.00	\$1,050.00	\$486.00	\$243.00
Family	\$1,996.00	\$1,315.00	\$681.00	\$340.50
<b>EIA Anthem HDHP</b>				
Single	\$699.00	\$550.00	\$149.00	\$74.50
Two Party	\$1,397.00	\$1,050.00	\$347.00	\$173.50
Family	\$1,816.00	\$1,315.00	\$501.00	\$250.50
Under 65 Non-Medicare Employee/Retiree/Over 65 non-Medicare Employee/Retiree, Medicare Dependent(s)	Medical Contribution - Split Rates			Employee/Retiree Share
Carrier Rates	County Contribution	Employee/Retiree Share		Employee/Retiree Share
<b>Kaiser HMO</b>				
Retiree (1 Medicare, 1 Without)	Pending	\$1,050.00	\$0.00	\$0.00
Retiree (1 Medicare, 2 Without)	\$1,491.00	\$1,315.00	\$176.00	\$88.00
Retiree (2 Medicare, 1 Without)	\$1,058.00	\$1,058.00	\$0.00	\$0.00
<b>EIA Anthem PPO Mid</b>				
Retiree (1 Medicare, 1 Without)	\$1,171.00	\$1,050.00	\$121.00	\$60.50
Retiree (1 Medicare, 2 Without)	\$1,631.00	\$1,315.00	\$316.00	\$158.00
Retiree (2 Medicare, 1 Without)	\$1,265.00	\$1,265.00	\$0.00	\$0.00
Under 65 Medicare Employee/Retiree, Non-Medicare Dependent(s)	Carrier Rates	County Contribution	Employee/Retiree Share	Employee/Retiree Share
<b>Kaiser HMO</b>				
Retiree (1 Medicare, 1 Without)	Pending	\$1,050.00	\$0.00	\$0.00
Retiree (1 Medicare, 2 Without)	\$1,491.00	\$1,315.00	\$176.00	\$88.00
Retiree (2 Medicare, 1 Without)	\$1,058.00	\$1,058.00	\$0.00	\$0.00
<b>EIA Anthem PPO Mid</b>				
Retiree (1 Medicare, 1 Without)	\$1,171.00	\$1,050.00	\$121.00	\$60.50
Retiree (1 Medicare, 2 Without)	\$1,631.00	\$1,315.00	\$316.00	\$158.00
Retiree (2 Medicare, 1 Without)	\$1,265.00	\$1,265.00	\$0.00	\$0.00
Over 65 Medicare Employee/Retiree, Non-Medicare Dependent(s)	Medical Contribution - Retiree Rates (County Contribution 70% of Active)			Retiree Share
Carrier Rates	County Contribution	Retiree Share		Retiree Share
<b>Kaiser HMO</b>				
Retiree (1 Medicare, 1 Without)	Pending	\$735.00	\$315.00	\$157.50
Retiree (1 Medicare, 2 Without)	\$1,491.00	\$920.50	\$570.50	\$285.25
Retiree (2 Medicare, 1 Without)	\$1,058.00	\$920.50	\$137.50	\$68.75
<b>EIA Anthem PPO Mid</b>				
Retiree (1 Medicare, 1 Without)	\$1,171.00	\$735.00	\$436.00	\$218.00
Retiree (1 Medicare, 2 Without)	\$1,631.00	\$920.50	\$710.50	\$355.25
Retiree (2 Medicare, 1 Without)	\$1,265.00	\$920.50	\$344.50	\$172.25
Over 65 Medicare Retiree	Medical Contribution - Retiree Rates (County Contribution 70% of Active)			Retiree Share
Carrier Rates	County Contribution	Retiree Share		Retiree Share
<b>KPSA (EIA Health)</b>				
Single	Pending	\$316.00	\$0.00	\$0.00
Two Party	\$617.00	\$617.00	\$0.00	\$0.00
Family	\$917.00	\$917.00	\$0.00	\$0.00
<b>EIA Anthem PPO MID SUPP EGWP</b>				
Single	\$403.00	\$385.00	\$18.00	\$9.00
Two Party	\$805.00	\$735.00	\$70.00	\$35.00
Family	\$1,207.00	\$920.50	\$286.50	\$143.25
Under 65 Medicare / Over 65 Non-Medicare Retiree	Medical Contribution - Retiree Rates (County Contribution 100% of Active)			Retiree Share
Carrier Rates	County Contribution	Retiree Share		Retiree Share
<b>KPSA (EIA Health)</b>				
Single	Pending	\$316.00	\$0.00	\$0.00
Two Party	\$617.00	\$617.00	\$0.00	\$0.00
Family	\$917.00	\$917.00	\$0.00	\$0.00
<b>EIA Anthem PPO MID SUPP EGWP</b>				
Single	\$403.00	\$403.00	\$0.00	\$0.00
Two Party	\$805.00	\$805.00	\$0.00	\$0.00
Family	\$1,207.00	\$1,207.00	\$0.00	\$0.00
Actives	Ancillary Contributions			Employee Share
Carrier Rates	County Contribution	Employee Share		Employee Share
<b>Delta Dental (CSAC EIA) PPO</b>				
Single	\$46.70	\$30.00	\$16.70	\$8.35
Two Party	\$80.10	\$30.00	\$50.10	\$25.05
Family	\$130.80	\$30.00	\$100.80	\$50.40
<b>MES Vision (CSAC EIA)</b>				
Single	\$5.35	\$5.35	\$0.00	\$0.00
Two Party	\$10.70	\$5.35	\$5.35	\$2.68
Family	\$13.80	\$5.35	\$8.45	\$4.23

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	Carrier Rates	County Contribution	Employee Share	Employee Share
<b>Part-Time Employees (0.50 FTE)</b>				
<b>EIA Kaiser HMO</b>				
Single	\$764.00	\$275.00	\$489.00	\$244.50
Two Party	\$1,513.00	\$525.00	\$988.00	\$494.00
Family	\$1,963.00	\$657.50	\$1,305.50	\$652.75
<b>EIA Anthem SAFETY PPO</b>				
Single	\$675.00	\$275.00	\$400.00	\$200.00
Two Party	\$1,351.00	\$525.00	\$826.00	\$413.00
Family	\$1,726.00	\$657.50	\$1,068.50	\$534.25
<b>EIA Anthem PPO MID</b>				
Single	\$768.00	\$275.00	\$493.00	\$246.50
Two Party	\$1,536.00	\$525.00	\$1,011.00	\$505.50
Family	\$1,996.00	\$657.50	\$1,338.50	\$669.25
<b>EIA Anthem HDHP</b>				
Single	\$699.00	\$275.00	\$424.00	\$212.00
Two Party	\$1,397.00	\$525.00	\$872.00	\$436.00
Family	\$1,816.00	\$657.50	\$1,158.50	\$579.25
	Ancillary Contributions			
<b>Part-Time Employees (0.50 FTE)</b>	Carrier Rates	County Contribution	Employee Share	Employee Share
<b>Delta Dental (CSAC EIA) PPO</b>				
Single	\$46.70	\$15.00	\$31.70	\$15.85
Two Party	\$80.10	\$15.00	\$65.10	\$32.55
Family	\$130.80	\$15.00	\$115.80	\$57.90

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	Carrier Rates	County Contribution	Employee Share	Employee Share
<b>Part-Time Employees (0.75 FTE)</b>				
<b>EIA Kaiser HMO</b>				
Single	\$764.00	\$412.50	\$351.50	\$175.75
Two Party	\$1,513.00	\$787.50	\$725.50	\$362.75
Family	\$1,963.00	\$986.25	\$976.75	\$488.38
<b>EIA Anthem SAFETY PPO</b>				
Single	\$675.00	\$412.50	\$262.50	\$131.25
Two Party	\$1,351.00	\$787.50	\$563.50	\$281.75
Family	\$1,726.00	\$986.25	\$739.75	\$369.88
<b>EIA Anthem PPO MID</b>				
Single	\$768.00	\$412.50	\$355.50	\$177.75
Two Party	\$1,536.00	\$787.50	\$748.50	\$374.25
Family	\$1,996.00	\$986.25	\$1,009.75	\$504.88
<b>EIA Anthem HDHP</b>				
Single	\$699.00	\$412.50	\$286.50	\$143.25
Two Party	\$1,397.00	\$787.50	\$609.50	\$304.75
Family	\$1,816.00	\$986.25	\$829.75	\$414.88
	Ancillary Contributions			
<b>Part-Time Employees (0.75 FTE)</b>	Carrier Rates	County Contribution	Employee Share	Employee Share
<b>Delta Dental (CSAC EIA) PPO</b>				
Single	\$46.70	\$22.50	\$24.20	\$12.10
Two Party	\$80.10	\$22.50	\$57.60	\$28.80
Family	\$130.80	\$22.50	\$108.30	\$54.15