

**2008 Employee Health Plan Rate Table
for Employees Represented by AOCW**

HEALTH PLAN AND ENROLLMENT STATUS	FULL TIME EMPLOYEES			PART TIME EMPLOYEES	
	MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
PREMIER WELLWISE**					
EMPLOYEE ONLY	\$494.64	\$476.16	\$11.41	\$250.45	\$115.59
EMPLOYEE / 1 DEPENDENT	\$915.09	\$697.57	\$105.59	\$347.38	\$267.21
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,236.60	\$941.20	\$142.68	\$468.88	\$360.68
PREMIER SHAREWELL***					
EMPLOYEE ONLY	\$184.11	\$253.13	(\$31.86)	\$184.11	\$0.00
EMPLOYEE / 1 DEPENDENT	\$322.18	\$380.84	(\$27.07)	\$120.82	\$92.94
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$423.44	\$473.30	(\$23.01)	\$158.79	\$122.15
KAISER					
EMPLOYEE ONLY	\$321.97	\$305.88	\$7.43	\$160.99	\$74.30
EMPLOYEE / 1 DEPENDENT	\$643.94	\$482.96	\$74.30	\$241.48	\$185.76
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$911.20	\$683.40	\$105.14	\$341.70	\$262.85
CIGNA					
EMPLOYEE ONLY	\$377.40	\$358.53	\$8.71	\$188.70	\$87.10
EMPLOYEE / 1 DEPENDENT	\$745.94	\$559.46	\$86.07	\$279.73	\$215.18
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,037.91	\$778.44	\$119.76	\$389.22	\$299.40

** County cost includes Wellwise incentive

*** County cost includes Sharewell credits (bi-weekly pay credits instead of deductions)

(Effective every pay period beginning with pay period 01'08, January 11, 2008)