

**2008 Health Plan Rate Table
Craft & Plant Unit (IUOE)**

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	\$460.26	\$443.50	\$10.62	\$233.26	\$107.66
EMPLOYEE / 1 DEPENDENT	\$851.49	\$649.87	\$98.25	\$323.53	\$248.87
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,150.66	\$876.75	\$132.77	\$436.65	\$335.89
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	\$321.38	\$305.32	\$7.42	\$160.69	\$74.17
EMPLOYEE / 1 DEPENDENT	\$642.76	\$482.07	\$74.17	\$241.04	\$185.41
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$909.54	\$682.16	\$104.95	\$341.08	\$262.37
CIGNA					
EMPLOYEE ONLY	\$369.89	\$351.40	\$8.54	\$184.95	\$85.36
EMPLOYEE / 1 DEPENDENT	\$731.09	\$548.32	\$84.36	\$274.16	\$210.90
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,017.22	\$762.92	\$117.37	\$381.46	\$293.43

* 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)