

**2008-09 MEDICAL & DENTAL INSURANCE PREMIUMS**  
**Combined Coverage Biweekly Premiums for Full-Time Regular Employees\***  
**Effective July 1, 2008**

**MEDICAL PLANS**

<b>AETNA HMO LOW OPTION W/ \$20 Office Visit Co-Pay \$250 + 20% Hospital Copay</b>	<b>Medical Premium</b>	<b>County Contribution</b>	<b>Pre-Tax Employee Cost</b>
Employee + Spouse/Domestic Partner	283.59	-283.59	0.00
Employee + Spouse/Domestic Partner + 1 or More Dependents	440.75	-304.64	136.11

<b>AETNA HMO HIGH OPTION w/ \$15 Office Visit Co-Pay \$100 Hospital Copay</b>	<b>Medical Premium</b>	<b>County Contribution</b>	<b>Pre-Tax Employee Cost</b>
Employee + Spouse/Domestic Partner	419.78	-304.64	115.14
Employee + Spouse/Domestic Partner + 1 or More Dependents	655.65	-304.64	351.01

<b>AETNA POS 2-Tier Point of Service</b>	<b>Medical Premium</b>	<b>County Contribution</b>	<b>Pre-Tax Employee Cost</b>
Employee + Spouse/Domestic Partner	643.01	-304.64	338.37
Employee + Spouse/Domestic Partner + 1 or More Dependents	1,006.69	-304.64	702.05

<b>AETNA OPEN ACCESS PPO</b>	<b>Medical Premium</b>	<b>County Contribution</b>	<b>Pre-Tax Employee Cost</b>
Employee + Spouse/Domestic Partner	328.58	-304.64	23.94
Employee + Spouse/Domestic Partner + 1 or More Dependents	513.82	-304.64	209.18

<b>AETNA HIGH DEDUCTIBLE (HDHP) PPO w/ \$1,800 County Contribution to Employee's Health Savings Account</b>	<b>Medical Premium</b>	<b>County Contribution</b>	<b>Pre-Tax Employee Cost</b>
Employee + Spouse/Domestic Partner	216.36	-216.36	0.00
Employee + Spouse/Domestic Partner + 1 or More Dependents	335.93	-232.54	103.39

<b>KAISER HMO LOW OPTION w/ \$20 Office Visit Copay \$500 Hospital Copay VENTURA COUNTY RESIDENTS ONLY - SEE ZIP CODE LISTING)</b>	<b>Medical Premium</b>	<b>County Contribution</b>	<b>Pre-Tax Employee Cost</b>
Employee + Spouse/Domestic Partner	266.18	-266.18	0.00
Employee + Spouse/Domestic Partner + 1 or More Dependents	405.10	-280.08	125.02

<b>KAISER HMO HIGH OPTION w/ \$15 Office Visit Copay \$100 Hospital Copay VENTURA COUNTY RESIDENTS ONLY - SEE ZIP CODE LISTING)</b>	<b>Medical Premium</b>	<b>County Contribution</b>	<b>Pre-Tax Employee Cost</b>
Employee + Spouse/Domestic Partner	276.52	-276.52	0.00
Employee + Spouse/Domestic Partner + 1 or More Dependents	420.88	-290.96	129.92

\* All medical premiums include \$2.22 for the EAP and CareCounsel benefits.

DENTAL PLANS - All Groups except Deputy Sheriffs Assn.

COUNTY SELF-FUNDED DENTAL PLAN Group #NP8059	Dental Premium Premium*	County Contribution Cost	Pre-Tax Employee Cost
Employee + Spouse/Domestic Partner	34.60	-24.04	10.56
Employee + Spouse/Domestic Partner + 1 or More Dependents	53.26	-24.04	29.22

GOLDEN WEST DENTAL HMO Group #561901	Dental Premium	County Contribution	Pre-Tax Employee Cost
Employee + Spouse/Domestic Partner	23.75	-23.75	0.00
Employee + Spouse/Domestic Partner + 1 or More Dependents	36.05	-24.04	12.01