

2008-09 MEDICAL & DENTAL INSURANCE PREMIUMS

Deputy Sheriffs Biweekly Premium Schedule

COMBINED COVERAGE - TWO DSA EMPLOYEES

Effective July 1, 2008 through December 31, 2009 (18 months)

Biweekly premiums include \$2.22 for Employee Assistance and Healthcare Assistance Plans

MEDICAL PLANS

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

AETNA HMO HIGH OPTION w/ \$15 Office Visit Co-Pay \$100 Hospital Copay	Medical Premium	County Contribution	DSA Additional County Contribution	Pre-Tax Employee Cost
Employee + Spouse/Domestic Partner	419.78	-304.64	-115.14	0.00
Employee + Spouse/Domestic Partner + 1 or More Dependents	655.65	-304.64	-336.89	14.12

AETNA POS 2-Tier Point of Service	Medical Premium	County Contribution	DSA Additional County Contribution	Pre-Tax Employee Cost
Employee + Spouse/Domestic Partner	643.01	-304.64	-206.55	131.82
Employee + Spouse/Domestic Partner + 1 or More Dependents	1,006.69	-304.64	-370.47	331.58

AETNA OPEN ACCESS PPO	Medical Premium	County Contribution	DSA Additional County Contribution	Pre-Tax Employee Cost
Employee + Spouse/Domestic Partner	328.58	-304.64	-23.94	0.00
Employee + Spouse/Domestic Partner + 1 or More Dependents	513.82	-304.64	-209.18	0.00

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

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

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

* 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	County Contribution	Pre-Tax Employee Cost
Employee + Spouse/Domestic Partner	34.60	-24.64	9.96
Employee + Spouse/Domestic Partner + 1 or More Dependents	53.26	-24.64	28.62

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	-24.64	11.41