



2023 EMPLOYEE HEALTH PLAN RATE TABLES
With Wellness Participation

HEALTH PLAN AND ENROLLMENT STATUS	FULL TIME EMPLOYEES				
	2023 MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
KAISER CHOICE					
EMPLOYEE ONLY	\$668.52	\$601.68	\$30.85	\$334.27	\$154.27
EMPLOYEE / 1 DEPENDENT	\$1,337.03	\$1,002.78	\$154.27	\$501.39	\$385.68
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,891.90	\$1,418.93	\$218.30	\$709.47	\$545.74
CIGNA CHOICE					
EMPLOYEE ONLY	\$899.45	\$809.51	\$41.51	\$449.73	\$207.56
EMPLOYEE / 1 DEPENDENT	\$1,777.75	\$1,333.32	\$205.12	\$666.66	\$512.81
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$2,473.62	\$1,855.22	\$285.42	\$927.61	\$713.55
CIGNA SELECT					
EMPLOYEE ONLY	\$749.64	\$674.68	\$34.60	\$374.82	\$172.99
EMPLOYEE / 1 DEPENDENT	\$1,481.93	\$1,111.46	\$170.99	\$555.73	\$427.48
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$2,062.29	\$1,546.72	\$237.95	\$773.36	\$594.89
WELLWISE CHOICE					
EMPLOYEE ONLY	\$1,061.20	\$955.08	\$48.98	\$530.60	\$244.89
EMPLOYEE / 1 DEPENDENT	\$1,963.22	\$1,472.42	\$226.53	\$736.21	\$566.32
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$2,653.00	\$1,989.75	\$306.12	\$994.88	\$765.29
SHAREWELL CHOICE*					
EMPLOYEE ONLY	\$424.49	\$500.02	(\$34.86)	\$424.49	\$0.00
EMPLOYEE / 1 DEPENDENT	\$742.82	\$808.00	(\$30.08)	\$278.56	\$214.27
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$976.31	\$1,030.52	(\$25.02)	\$366.12	\$281.63

*County cost includes Sharewell credits (bi-weekly pay credits instead of deductions) (Effective every pay period beginning with pay period 01 2023, 12/16/2022)



2023 EMPLOYEE HEALTH PLAN RATE TABLES
Without Wellness Participation

HEALTH PLAN AND ENROLLMENT STATUS	FULL TIME EMPLOYEES			PART TIME EMPLOYEES	
	2023 MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
KAISER CHOICE					
EMPLOYEE ONLY	\$668.52	\$568.25	\$46.28	\$300.84	\$169.70
EMPLOYEE / 1 DEPENDENT	\$1,337.03	\$935.93	\$185.12	\$434.54	\$416.53
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,891.90	\$1,324.33	\$261.96	\$614.87	\$589.40
CIGNA CHOICE					
EMPLOYEE ONLY	\$899.45	\$764.54	\$62.27	\$404.76	\$228.32
EMPLOYEE / 1 DEPENDENT	\$1,777.75	\$1,244.43	\$246.15	\$577.77	\$553.84
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$2,473.62	\$1,731.54	\$342.50	\$803.93	\$770.63
CIGNA SELECT					
EMPLOYEE ONLY	\$749.64	\$637.20	\$51.90	\$337.34	\$190.29
EMPLOYEE / 1 DEPENDENT	\$1,481.93	\$1,037.36	\$205.19	\$481.63	\$461.68
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$2,062.29	\$1,443.61	\$285.54	\$670.25	\$642.48
WELLWISE CHOICE					
EMPLOYEE ONLY	\$1,061.20	\$902.02	\$73.47	\$477.54	\$269.38
EMPLOYEE / 1 DEPENDENT	\$1,963.22	\$1,374.26	\$271.83	\$638.05	\$611.62
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$2,653.00	\$1,857.10	\$367.34	\$862.23	\$826.51
SHAREWELL CHOICE*					
EMPLOYEE ONLY	\$424.49	\$500.02	(\$34.86)	\$424.49	\$0.00
EMPLOYEE / 1 DEPENDENT	\$742.82	\$808.00	(\$30.08)	\$278.56	\$214.27
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$976.31	\$1,030.52	(\$25.02)	\$366.12	\$281.63

*County cost includes Sharewell credits (bi-weekly pay credits instead of deductions) (Effective every pay period beginning with pay period 01 2023, 12/16/2022)



2023 Employee Health Plan - Monthly Direct Bill Rate Table

HEALTH PLAN AND ENROLLMENT STATUS	F					O
	Unpaid Family Medical Leave					Unpaid Leave (Not FMLA)
	With Wellness Credit		Without Wellness Credit			
	Full Time Employee	Part Time Employee	Full Time Employee	Part Time Employee	Extra Help (ACA)	
CIGNA CHOICE HMO						
Employee Only	\$89.94	\$449.71	\$134.92	\$494.69	n/a	\$899.45
Employee With 1 Dependent	\$444.43	\$1,111.09	\$533.33	\$1,199.99	n/a	\$1,777.75
Employee With 2 or More Dependents	\$618.41	\$1,546.03	\$742.08	\$1,669.70	n/a	\$2,473.62
Employee Married to Employee With Spouse Dependent Only	\$0.00	n/a	\$88.90	n/a	n/a	n/a
Employee Married to Employee With 2 or More Dependents	\$0.00	n/a	\$123.67	n/a	n/a	n/a
CIGNA SELECT HMO						
Employee Only	\$74.97	\$374.81	\$112.45	\$412.30	n/a	\$749.64
Employee With 1 Dependent	\$370.48	\$926.21	\$444.58	\$1,000.31	n/a	\$1,481.93
Employee With 2 or More Dependents	\$515.56	\$1,288.93	\$618.67	\$1,392.04	n/a	\$2,062.29
Employee Married to Employee With Spouse Dependent Only	\$0.00	n/a	\$74.10	n/a	n/a	n/a
Employee Married to Employee With 2 or More Dependents	\$0.00	n/a	\$103.11	n/a	n/a	n/a
KAISER CHOICE HMO						
Employee Only	\$66.84	\$334.25	\$100.27	\$367.68	n/a	\$668.52
Employee With 1 Dependent	\$334.25	\$835.64	\$401.09	\$902.48	n/a	\$1,337.03
Employee With 2 or More Dependents	\$472.98	\$1,182.44	\$567.58	\$1,277.03	n/a	\$1,891.90
Employee Married to Employee With Spouse Dependent Only	\$0.00	n/a	\$66.84	n/a	n/a	n/a
Employee Married to Employee With 2 or More Dependents	\$0.00	n/a	\$94.60	n/a	n/a	n/a
SHAREWELL CHOICE PPO						
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$103.28	\$103.28
Employee With 1 Dependent	\$0.00	\$464.25	\$0.00	\$464.25	\$742.82	\$742.82
Employee With 2 or More Dependents	\$0.00	\$610.20	\$0.00	\$610.20	\$976.31	\$976.31
Employee Married to Employee With Spouse Dependent Only	\$0.00	n/a	\$0.00	n/a	n/a	n/a
Employee Married to Employee With 2 or More Dependents	\$0.00	n/a	\$0.00	n/a	n/a	n/a
WELLWISE CHOICE PPO						
Employee Only	\$106.12	\$530.60	\$159.19	\$583.66	n/a	\$1,061.20
Employee With 1 Dependent	\$490.82	\$1,227.03	\$588.97	\$1,325.18	n/a	\$1,963.22
Employee With 2 or More Dependents	\$663.26	\$1,658.13	\$795.90	\$1,790.77	n/a	\$2,653.00
Employee Married to Employee With Spouse Dependent Only	\$0.00	n/a	\$98.15	n/a	n/a	n/a
Employee Married to Employee With 2 or More Dependents	\$0.00	n/a	\$132.64	n/a	n/a	n/a



2023 AFFORDABLE CARE ACT MINIMUM VALUE COVERAGE

HEALTH PLAN AND ENROLLMENT STATUS	2023 MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
SHAREWELL CHOICE			
EMPLOYEE ONLY	\$424.49	\$321.21	\$47.67
EMPLOYEE / 1 DEPENDENT	\$742.82	\$0.00	\$342.84
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$976.31	\$0.00	\$450.60

(Effective every pay period beginning with pay period 01 2023, 12/16/2022)



2023 Employee Dental Plan Monthly Direct Bill Rate Table

Management and Attorney Dental Plan	F		O
DENTAL PLAN AND ENROLLMENT STATUS	Unpaid Family Medical Leave		Unpaid Leave (Not FMLA)
	Full Time Employee	Part Time Employee	
Employee Only	\$0.00	\$24.97	\$49.94
Employee With 1 Dependent	\$0.00	\$52.06	\$104.13
Employee With 2 or More Dependents	\$0.00	\$79.69	\$159.38



2023 COBRA Employee Health Plan

Monthly Direct Bill Rate Table

EMPLOYEE HEALTH PLANS	MONTHLY PREMIUMS
CIGNA CHOICE HMO	
Participant Only	\$917.44
Participant With 1 Dependent	\$1,813.31
Participant With 2 or More Dependents	\$2,523.09
CIGNA SELECT HMO	
Participant Only	\$764.63
Participant With 1 Dependent	\$1,511.57
Participant With 2 or More Dependents	\$2,103.54
KAISER CHOICE HMO	
Participant Only	\$681.89
Participant With 1 Dependent	\$1,363.77
Participant With 2 or More Dependents	\$1,929.74
SHAREWELL CHOICE PPO	
Participant Only	\$432.98
Participant With 1 Dependent	\$757.68
Participant With 2 or More Dependents	\$995.84
WELLWISE CHOICE PPO	
Participant Only	\$1,082.42
Participant With 1 Dependent	\$2,002.48
Participant With 2 or More Dependents	\$2,706.06



2023 COBRA Employee Dental Plan

Monthly Direct Bill Rate Table

MANAGEMENT & ATTORNEY DENTAL PLAN	MONTHLY PREMIUMS
Participant Only	\$50.94
Participant With 1 Dependent	\$106.21
Participant With 2 or More Dependents	\$162.56