

**COUNTY OF SACRAMENTO
 MEDICAL PLAN SUBSIDY/PREMIUM TABLE
 January 1, 2009**

MONTHLY MEDICAL PLAN PREMIUMS

HMO Plans

KAISER HMO #600644

Employee Only \$459.44
 With Dependents \$1174.92

BLUE SHIELD HMO #H30839

Employee Only \$686.96
 With Dependents \$1758.62

HEALTH NET HMO #66047

Employee Only \$533.08
 With Dependents \$1363.22

High Deductible Plans

Kaiser HDHP HMO #600644

Employee Only \$362.08
 With Dependents \$925.98

Blue Shield HDHP PPO #975834

Employee Only \$542.36
 With Dependents \$1301.66

Enrollment	Subsidy
Employee Only	\$420.00
Employee with Dependents	\$630.00

If your premium is greater than your subsidy, the difference will be deducted from your check on a pre-tax basis.

Monthly Cash Back Employees Will Receive if Enrolled in Coverage is Waived:		
	Hired before 1/1/06	Hired on or after 1/1/06
Employee Only	\$210.00	\$100.00