

COUNTY OF SACRAMENTO
January 1, 2008

TIER B RATES
Hired on or after 1/1/2007
or voluntarily elected

Medical Plan	Monthly Premium	County Paid (Monthly)	EE Paid (Monthly)
Kaiser HMO			
Employee Only	\$459.44	\$367.55	\$91.89
With Dependents	\$1174.92	\$939.94	\$234.98
Health Net HMO			
Employee Only	\$533.08	\$367.55	\$165.53
With Dependents	\$1363.22	\$939.94	\$423.28
Blue Shield HMO			
Employee Only	\$686.96	\$367.55	\$319.41
With Dependents	\$1758.62	\$939.94	\$818.68
Kaiser High Deductible HMO			
Employee Only	\$362.08	\$362.08	\$0
With Dependents	\$925.98	\$925.98	\$0
Blue Shield High Deductible PPO			
Employee Only	\$542.36	\$367.55	\$174.81
With Dependents	\$1301.66	\$939.94	\$361.72