

| STANISLAUS COUNTY | WAIVE MEDICAL- | REG EMP | CONF | MGMNT/DH | |
|--|----------------------|--|----------|----------|---------|
| 2014 INSURANCE RATES | SEMI-MONTHLY CREDIT- | 21.38 | 67.50 | 67.50 | |
| PERCENTAGE 35-39 HOUR EMPLOYEES (Receives 90% of employer contribution) | | HSA Annual Cont.= EE- \$1200 FAM- \$2000 | | | |
| SPH HDHP | SEMI-MONTHLY | EMPLOYER | EMPLOYEE | MONTHLY | COBRA |
| EMPLOYEE ONLY | 301.12 | 257.46 | 43.66 | 602.24 | 614.28 |
| EMPLOYEE + 1 | 602.23 | 514.91 | 87.32 | 1204.46 | 1228.55 |
| FAMILY | 813.02 | 695.13 | 117.89 | 1626.04 | 1658.56 |
| SPH EPO | SEMI-MONTHLY | EMPLOYER | EMPLOYEE | MONTHLY | COBRA |
| EMPLOYEE ONLY | 360.05 | 259.24 | 100.81 | 720.10 | 734.50 |
| EMPLOYEE + 1 | 720.10 | 518.47 | 201.63 | 1440.20 | 1469.00 |
| FAMILY | 972.13 | 699.93 | 272.20 | 1944.26 | 1983.15 |
| ANTHEM BLUECROSS HDHP | SEMI-MONTHLY | EMPLOYER | EMPLOYEE | MONTHLY | COBRA |
| EMPLOYEE ONLY | 385.07 | 257.46 | 127.61 | 770.14 | 785.54 |
| EMPLOYEE + 1 | 770.13 | 514.91 | 255.22 | 1540.26 | 1571.07 |
| FAMILY | 1039.69 | 695.13 | 344.56 | 2079.38 | 2120.97 |
| ANTHEM BLUECROSS EPO | SEMI-MONTHLY | EMPLOYER | EMPLOYEE | MONTHLY | COBRA |
| EMPLOYEE ONLY | 456.19 | 259.24 | 196.95 | 912.38 | 930.63 |
| EMPLOYEE + 1 | 912.38 | 518.47 | 393.91 | 1824.76 | 1861.26 |
| FAMILY | 1231.71 | 699.93 | 531.78 | 2463.42 | 2512.69 |
| KAISER HDHP | SEMI-MONTHLY | EMPLOYER | EMPLOYEE | MONTHLY | COBRA |
| EMPLOYEE ONLY | 406.50 | 257.46 | 149.04 | 813.00 | 829.26 |
| EMPLOYEE + 1 | 812.97 | 514.91 | 298.06 | 1625.94 | 1658.46 |
| FAMILY | 1097.53 | 695.13 | 402.40 | 2195.06 | 2238.96 |
| KAISER EPO | SEMI-MONTHLY | EMPLOYER | EMPLOYEE | MONTHLY | COBRA |
| EMPLOYEE ONLY | 481.63 | 259.24 | 222.39 | 963.26 | 982.53 |
| EMPLOYEE + 1 | 963.27 | 518.47 | 444.80 | 1926.54 | 1965.07 |
| FAMILY | 1300.41 | 699.93 | 600.48 | 2600.82 | 2652.84 |
| DELTA DENTAL PPO | SEMI-MONTHLY | EMPLOYER | EMPLOYEE | MONTHLY | COBRA |
| EMPLOYEE ONLY | 17.21 | 12.39 | 4.82 | 34.42 | 35.11 |
| EMPLOYEE + 1 | 34.42 | 24.78 | 9.64 | 68.84 | 70.22 |
| FAMILY | 58.97 | 42.46 | 16.51 | 117.94 | 120.30 |
| VISION SERVICE PLAN | SEMI-MONTHLY | EMPLOYER | EMPLOYEE | MONTHLY | COBRA |
| EMPLOYEE ONLY | 1.97 | 1.42 | 0.55 | 3.94 | 4.02 |
| EMPLOYEE + 1 | 3.80 | 2.74 | 1.06 | 7.60 | 7.75 |
| FAMILY | 5.39 | 3.88 | 1.51 | 10.78 | 11.00 |

| STANISLAUS COUNTY 2014 INSURANCE RATES | WAIVE MEDICAL- SEMI-MONTHLY CREDIT- | REG EMP 17.82 | CONF 56.25 | MGMNT/DH 56.25 | |
|--|--|---|---------------|-------------------|---------|
| PERCENTAGE 30-34 HOUR EMPLOYEES (Receives 75% of employer contribution) | | HSA Annual Cont.= EE- \$1200 FAM- \$2000 | | | |
| SPH HDHP | SEMI-MONTHLY | EMPLOYER | EMPLOYEE | MONTHLY | COBRA |
| EMPLOYEE ONLY | 301.12 | 214.55 | 86.57 | 602.24 | 614.28 |
| EMPLOYEE + 1 | 602.23 | 429.09 | 173.14 | 1204.46 | 1228.55 |
| FAMILY | 813.02 | 579.28 | 233.74 | 1626.04 | 1658.56 |
| SPH EPO | SEMI-MONTHLY | EMPLOYER | EMPLOYEE | MONTHLY | COBRA |
| EMPLOYEE ONLY | 360.05 | 216.03 | 144.02 | 720.10 | 734.50 |
| EMPLOYEE + 1 | 720.10 | 432.06 | 288.04 | 1440.20 | 1469.00 |
| FAMILY | 972.13 | 583.28 | 388.85 | 1944.26 | 1983.15 |
| ANTHEM BLUECROSS HDHP | SEMI-MONTHLY | EMPLOYER | EMPLOYEE | MONTHLY | COBRA |
| EMPLOYEE ONLY | 385.07 | 214.55 | 170.52 | 770.14 | 785.54 |
| EMPLOYEE + 1 | 770.13 | 429.09 | 341.04 | 1540.26 | 1571.07 |
| FAMILY | 1039.69 | 579.28 | 460.41 | 2079.38 | 2120.97 |
| ANTHEM BLUECROSS EPO | SEMI-MONTHLY | EMPLOYER | EMPLOYEE | MONTHLY | COBRA |
| EMPLOYEE ONLY | 456.19 | 216.03 | 240.16 | 912.38 | 930.63 |
| EMPLOYEE + 1 | 912.38 | 432.06 | 480.32 | 1824.76 | 1861.26 |
| FAMILY | 1231.71 | 583.28 | 648.43 | 2463.42 | 2512.69 |
| KAISER HDHP | SEMI-MONTHLY | EMPLOYER | EMPLOYEE | MONTHLY | COBRA |
| EMPLOYEE ONLY | 406.50 | 214.55 | 191.95 | 813.00 | 829.26 |
| EMPLOYEE + 1 | 812.97 | 429.09 | 383.88 | 1625.94 | 1658.46 |
| FAMILY | 1097.53 | 579.28 | 518.25 | 2195.06 | 2238.96 |
| KAISER EPO | SEMI-MONTHLY | EMPLOYER | EMPLOYEE | MONTHLY | COBRA |
| EMPLOYEE ONLY | 481.63 | 216.03 | 265.60 | 963.26 | 982.53 |
| EMPLOYEE + 1 | 963.27 | 432.06 | 531.21 | 1926.54 | 1965.07 |
| FAMILY | 1300.41 | 583.28 | 717.13 | 2600.82 | 2652.84 |
| DELTA DENTAL PPO | SEMI-MONTHLY | EMPLOYER | EMPLOYEE | MONTHLY | COBRA |
| EMPLOYEE ONLY | 17.21 | 10.33 | 6.88 | 34.42 | 35.11 |
| EMPLOYEE + 1 | 34.42 | 20.65 | 13.77 | 68.84 | 70.22 |
| FAMILY | 58.97 | 35.38 | 23.59 | 117.94 | 120.30 |
| VISION SERVICE PLAN | SEMI-MONTHLY | EMPLOYER | EMPLOYEE | MONTHLY | COBRA |
| EMPLOYEE ONLY | 1.97 | 1.18 | 0.79 | 3.94 | 4.02 |
| EMPLOYEE + 1 | 3.80 | 2.28 | 1.52 | 7.60 | 7.75 |
| FAMILY | 5.39 | 3.23 | 2.16 | 10.78 | 11.00 |