

PLAN YEAR 2017 Healthcare Rates - Active Employees*

January 1, 2017 through December 30, 2017

		Plan Year 2016 Active Employees with Offsets <u>Biweekly rates</u>	Plan Year 2017 Active Employees with Offsets <u>Biweekly rates</u>	% Increase Active Employees with Offsets <u>Biweekly rates</u>	Plan Year 2017 Ventura Superior Court <u>Biweekly rates</u>
<u>Medical</u>					
Ventura County Healthcare Plan	Composite	\$352.95	N/A	N/A	N/A
Ventura County Healthcare Plan	EE Only	N/A	\$390.11	N/A	\$390.11
Ventura County Healthcare Plan	EE + 1	N/A	\$409.26	N/A	\$409.26
Ventura County Healthcare Plan	EE + Family	N/A	\$426.43	N/A	\$426.43
UnitedHealthcare - HMO Network 1	Composite	\$540.08	N/A	N/A	N/A
UnitedHealthcare - HMO Network 2	Composite	\$696.94	N/A	N/A	N/A
UnitedHealthcare - HMO Network 3	Composite	\$813.40	N/A	N/A	N/A
UnitedHealthcare - HDHP (PPO)	Composite	\$652.54	N/A	N/A	N/A
Anthem - EPO	EE Only	N/A	\$507.57	N/A	\$507.57
Anthem - EPO	EE + 1	N/A	\$524.45	N/A	\$524.45
Anthem - EPO	EE + Family	N/A	\$537.71	N/A	\$537.71
Anthem - HDHP	EE Only	N/A	\$417.64	N/A	\$417.64
Anthem - HDHP	EE + 1	N/A	\$431.73	N/A	\$431.73
Anthem - HDHP	EE + Family	N/A	\$442.80	N/A	\$442.80
<u>Opt-Out</u>					
Opt-Out (Excludes Part Time Employees)		\$214.38	\$235.65	9.9%	\$235.65
Opt-Out - Part time employees**		\$208.00	**	N/A	**
<u>Dental</u>					
MetLife Dental	EE Only	\$19.40	\$19.75	1.8%	\$19.75
MetLife Dental	EE + 1	\$36.98	\$37.63	1.8%	\$37.63
MetLife Dental	EE + Family	\$55.93	\$56.92	1.8%	\$56.92
<u>Vision</u>					
Medical Eye Services	Composite	\$4.60		N/A	N/A
Medical Eye Services	EE Only	N/A	\$2.03	N/A	\$2.03
Medical Eye Services	EE + 1	N/A	\$3.66	N/A	\$3.66
Medical Eye Services	EE + Family	N/A	\$5.24	N/A	\$5.24

* Excluding Medical Rates for VCDSA and VCPFA

** Opt out for Part time employees is capped at the flex credit amount (\$208 as of 12/7/14)

Plan Year 2017 Rates - COBRA
January 1, 2017 through December 30, 2017

Medical/Dental/ Vision Plan	COBRA		CalCOBRA*		COBRA Disability Extension	
	Approved PY 2016 Monthly Rates	Proposed PY 2017 Monthly Rates	Approved PY 2016 Monthly Rates	Proposed PY 2017 Monthly Rates	Approved PY 2016 Monthly Rates	Proposed PY 2017 Monthly Rates
Ventura County Healthcare Plan - Composite	857.37	N/A	924.62	N/A	1,260.84	N/A
Ventura County Healthcare Plan - EE	N/A	552.59	N/A	595.93	N/A	812.63
Ventura County Healthcare Plan - EE + 1	N/A	1,117.68	N/A	1,205.34	N/A	1,643.64
Ventura County Healthcare Plan - EE + Family	N/A	1,285.16	N/A	1,385.96	N/A	1,889.94
UnitedHealthcare - Network 1 HMO - Composite	1,475.04	N/A	1,590.73	N/A	2,169.18	N/A
UnitedHealthcare - Network 2 HMO - Composite	1,848.48	N/A	1,993.46	N/A	2,718.36	N/A
UnitedHealthcare - Network 3 HMO - Composite	2,125.70	N/A	2,292.42	N/A	3,126.03	N/A
UnitedHealthcare - HDHP (PPO) - Composite	1,683.43	N/A	1,815.46	N/A	2,475.63	N/A
Anthem EPO - EE	N/A	571.83	N/A	616.68	N/A	840.93
Anthem EPO - EE + 1	N/A	1,143.66	N/A	1,233.36	N/A	1,681.86
Anthem EPO - EE + Family	N/A	1,486.76	N/A	1,603.37	N/A	2,186.42
Anthem HDHP - EE	N/A	477.13	N/A	514.55	N/A	701.66
Anthem HDHP - EE + 1	N/A	954.25	N/A	1,029.09	N/A	1,403.31
Anthem HDHP - EE + Family	N/A	1,240.52	N/A	1,337.82	N/A	1,824.30
Metlife Dental - EE	44.52	43.65	N/A	N/A	65.48	64.19
Metlife Dental - EE +1	84.87	83.16	N/A	N/A	124.82	122.30
Metlife Dental - EE +2 or more	128.36	125.80	N/A	N/A	188.76	185.00
Medical Eye Services Vision - Composite	10.56	N/A	N/A	N/A	15.53	N/A
Medical Eye Services Vision - EE Only	N/A	4.49	N/A	N/A	N/A	6.60
Medical Eye Services Vision - EE + 1	N/A	8.09	N/A	N/A	N/A	11.90
Medical Eye Services Vision - EE + Family	N/A	11.58	N/A	N/A	N/A	17.03

Notes:

* The CalCobra, as an extension from federal COBRA, only covers the medical coverage.