



EMPLOYEE RATE SHEET

PLAN YEAR 2023

As of September 20, 2022, the rates below apply to full-time employees in non-FDSA Bargaining Units. These rates do not apply to part-time employees who are eligible for health insurance. For a copy of part-time rates, please visit the County of Fresno—Human Resources, Employee Benefits page at www.co.fresno.ca.us/departments/human-resources/employee-benefits or contact Employee Benefits.

2023 County Contributions:

- Employee Only: \$408
- Plus Spouse: \$518
- Plus Children: \$518
- Plus Family: \$703

BIWEEKLY PREMIUMS (EMPLOYEE COST)

How to use this chart: First, choose your medical/mental health plan. Next, choose your dental plan from the corresponding plan column of your choice. Last, choose the corresponding level of coverage that best meets your needs (employee only, plus spouse, children, or family) to determine your biweekly premium.

	PLAN 1		PLAN 2		PLAN 3	
Medical/Mental Health	Anthem Blue Cross "Yosemite" EPO (\$0 Deductible)		Anthem Blue Cross "Sierra" EPO (\$0 Deductible)		Anthem Blue Cross "Pismo" EPO (\$0 Deductible)	
Prescription	EmpiRx		EmpiRx		EmpiRx	
Vision	Vision Service Plan (VSP)		Vision Service Plan (VSP)		Vision Service Plan (VSP)	
Dental Plans	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO
	EMPLOYEE COST		EMPLOYEE COST		EMPLOYEE COST	
Employee Only	\$70.63	\$60.06	\$29.92	\$19.35	\$6.44	\$0.00
Employee + Spouse	\$341.81	\$326.73	\$266.94	\$251.86	\$224.42	\$209.34
Employee + Child(ren)	\$236.65	\$226.48	\$170.98	\$160.81	\$133.74	\$123.57
Employee + Family	\$426.77	\$411.25	\$327.63	\$312.11	\$271.64	\$256.12

	PLAN 4		PLAN 5		PLAN 6	
Medical/Mental Health	Anthem Blue Cross PPO 250 (\$250 Deductible)		Anthem Blue Cross HDPPO 3000 (\$3,000 Deductible)		Kaiser Permanente HMO (\$0 Deductible)	
Prescription	EmpiRx		EmpiRx		Kaiser Permanente	
Vision	Vision Service Plan (VSP)		Vision Service Plan (VSP)		Kaiser Permanente	
Dental Plans	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO
	EMPLOYEE COST		EMPLOYEE COST		EMPLOYEE COST	
Employee Only	\$173.63	\$163.06	\$0.00	\$0.00	\$70.63	\$60.06
Employee + Spouse	\$685.03	\$669.95	\$172.84	\$157.76	\$341.81	\$326.73
Employee + Child(ren)	\$571.97	\$561.80	\$101.90	\$91.73	\$236.65	\$226.48
Employee + Family	\$952.82	\$937.30	\$235.46	\$219.94	\$426.77	\$411.25