



EMPLOYEE RATE SHEET

PLAN YEAR 2024

BARGAINING UNIT 2, 3, 4, 7, 10, 11, 12, 22, 25, 30, 36, 42, UNR, MGT, and SMG

As of October 24, 2023, the rates below apply to full-time employees in Bargaining Units 2, 3, 4, 7, 10, 11, 12, 22, 25, 30, 36, 42, UNR, MGT, and SMG. These rates do not apply to part-time employees who are eligible for health insurance. The full-time employee rates listed below will be deducted from each paycheck. The 2024 plan year begins on December 11, 2023, and you will see the first deduction on your paycheck received on January 5, 2024.

2024 Biweekly County Contribution

- Employee Only: \$433
- Employee plus Spouse: \$668
- Employee plus Children: \$668
- Employee plus Family: \$853

How to use this chart: 1. Pick a health plan, 2. Pick a dental plan, 3. Pick a coverage level.

	PLAN 1		PLAN 2		PLAN 3	
Medical / Mental Health Prescription / Vision	Anthem EPO Yosemite EmpiRx / VSP		Anthem EPO Sierra EmpiRx / VSP		Anthem EPO Pismo EmpiRx / VSP	
Dental Plans	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO
Employee Only	\$ 82.37	\$ 71.80	\$ 17.54	\$ 6.97	\$ 0.00	\$ 0.00
Employee + Spouse / DP	\$ 259.17	\$ 244.09	\$ 140.50	\$ 125.42	\$ 96.48	\$ 81.40
Employee + Child(ren)	\$ 145.39	\$ 135.22	\$ 41.36	\$ 31.19	\$ 2.81	\$ 0.00
Employee + Family	\$ 365.99	\$ 350.47	\$ 209.14	\$ 193.62	\$ 151.19	\$ 135.67

	PLAN 4		PLAN 5	
Medical / Mental Health Prescription / Vision	Anthem PPO 250 EmpiRx / VSP		Anthem HDPPO 3000 EmpiRx / VSP	
Dental Plans	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO
Employee Only	\$ 147.08	\$ 136.51	\$ 0.00	\$ 0.00
Employee + Spouse / DP	\$ 532.94	\$ 517.86	\$ 20.75	\$ 5.67
Employee + Child(ren)	\$ 419.88	\$ 409.71	\$ 0.00	\$ 0.00
Employee + Family	\$ 800.57	\$ 785.05	\$ 83.21	\$ 67.69

	PLAN 6		PLAN 7	
Medical / Mental Health Prescription / Vision	Kaiser Permanente HMO Kaiser / Kaiser		Kaiser Permanente HDHP Kaiser / Kaiser	
Dental Plans	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO
Employee Only	\$ 94.61	\$ 84.04	\$ 0.00	\$ 0.00
Employee + Spouse / DP	\$ 267.31	\$ 252.23	\$ 44.45	\$ 29.37
Employee + Child(ren)	\$ 157.65	\$ 147.48	\$ 0.00	\$ 0.00
Employee + Family	\$ 379.51	\$ 363.99	\$ 84.60	\$ 69.08

*These rates do not apply to part-time employees who are eligible for health insurance. For a copy of those rates, please visit our website at www.fresnocountyca.gov/Open-Enrollment or call Employee Benefits at (559) 600-1810.

**Registered Domestic Partner (DP) Contributions: Your contributions to cover a registered DP are the same as those to cover a legal spouse. However, because of the Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your registered DP or their children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that the employer pays in premium for registered DP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover a registered DP must be taken on an after-tax basis.