



**Health Contributions
for 2020 Health Benefits**
Appointed DH, BOS Executive Assistants

2020 Medical Plan Premiums (Monthly)			
Plan Code	Plan Type	County Contribution	Employee Contribution
Blue Shield HMO			
5251	Employee Only	\$624.78	\$502.98
5252	Employee+1	\$1,083.30	\$1,172.24
5253	Family	\$1,369.41	\$1,562.78
PERS Care PPO			
5661	Employee Only	\$624.78	\$508.36
5662	Employee+1	\$1,083.30	\$1,182.98
5663	Family	\$1,369.41	\$1,576.74
PERS Choice PPO			
5481	Employee Only	\$624.78	\$236.40
5482	Employee+1	\$1,083.30	\$639.06
5483	Family	\$1,369.41	\$869.66
PERS Select PPO			
5571	Employee Only	\$624.78	-\$104.50
5572	Employee+1	\$1,083.30	-\$42.72
5573	Family	\$1,369.41	-\$16.66
<i>*Must be a member of PORAC to enroll in this plan</i>			
PORAC			
5921	Employee Only	\$624.78	\$149.22
5922	Employee+1	\$1,083.30	\$615.70
5923	Family	\$1,369.41	\$829.58

2020 Delta Dental Premiums (Monthly)			
	Employee	Employee+1	Family
Plan A-PPO/DPO	\$38.20	\$83.40	\$131.06
Plan B-Premier	\$41.64	\$89.94	\$133.50

2020 VSP Vision Premiums (Monthly)			
	Employee	Employee+1	Family
Vision plan	\$13.90	\$13.90	\$13.90

Note: Rates may vary for those with part-time status, out of area plans, or domestic partners. Please contact Human Resources for further information. HR.Benefits@buttecounty.net

Employee contribution will be divided between the 1st and 2nd pay period of the month. Employee contributions that result in a credit, may become taxable income if you are not participating in another pre-taxed benefit such as, dental, vision, Medical FSA, Dependent Care FSA or a 457 plan.

County contribution is subject to Memorandum of Understanding or Salary and Benefits Resolution.