



## Health Contributions for 2020 Health Benefits

*Elected Officials, DSA-Gen, PEA, BCDDA,  
Butte County Board of Supervisor Members*

### 2020 Medical Plan Premiums (Monthly)

Plan Code	Plan Type	County Contribution	Employee Contribution
<b>Blue Shield HMO</b>			
5251	Employee Only	\$462.78	<b>\$664.98</b>
5252	Employee+1	\$921.30	<b>\$1,334.24</b>
5253	Family	\$1,207.41	<b>\$1,724.78</b>
<b>PERS Care PPO</b>			
5661	Employee Only	\$462.78	<b>\$670.36</b>
5662	Employee+1	\$921.30	<b>\$1,344.98</b>
5663	Family	\$1,207.41	<b>\$1,738.74</b>
<b>PERS Choice PPO</b>			
5481	Employee Only	\$462.78	<b>\$398.40</b>
5482	Employee+1	\$921.30	<b>\$801.06</b>
5483	Family	\$1,207.41	<b>\$1,031.66</b>
<b>PERS Select PPO</b>			
5571	Employee Only	\$462.78	<b>\$57.50</b>
5572	Employee+1	\$921.30	<b>\$119.28</b>
5573	Family	\$1,207.41	<b>\$145.34</b>
<i>*Must be a member of PORAC to enroll in this plan</i>			
<b>PORAC</b>			
5921	Employee Only	\$462.78	<b>\$311.22</b>
5922	Employee+1	\$921.30	<b>\$777.70</b>
5923	Family	\$1,207.41	<b>\$991.58</b>

### 2020 Delta Dental Premiums (Monthly)

	Employee	Employee+1	Family
<b>Plan A-PPO/DPO</b>	\$38.20	\$83.40	\$131.06
<b>Plan B-Premier</b>	\$41.64	\$89.94	\$133.50

### 2020 VSP Vision Premiums (Monthly)

	Employee	Employee+1	Family
<b>Vision plan</b>	\$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](mailto:HR.Benefits@buttecounty.net).

Employee contribution will be divided between the 1<sup>st</sup> and 2<sup>nd</sup> pay period of the month.

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