

January 1–December 31, 2018

All amounts shown on this page are in dollars.

Delta Dental PPO Plan A+

	Biweekly				Monthly
	Option 1	Option 2	Option 3	Non-H&W enrollee	Retiree
Member only	\$13.27	\$13.27	\$18.15	\$28.00	Not available
Member + 1 Dependent	\$35.29	\$35.29	\$40.17	\$50.02	Not available
Member + 2 or More Dependents	\$66.93	\$66.93	\$71.82	\$81.66	Not available

Dental DHMO–DeltaCare CAM42

	Biweekly				Monthly
	Option 1	Option 2	Option 3	Non-H&W enrollee	Retiree
Member only	\$3.30	\$3.30	\$10.09	\$10.09	\$21.86
Member + 1 Dependent	\$4.60	\$4.60	\$19.14	\$19.14	\$41.46
Member + 2 or More Dependents	\$12.30	\$12.30	\$28.19	\$28.19	\$61.07

Vision Service Plan

	Twice-Monthly				Monthly
	Option 1	Option 2	Option 3	Non-H&W enrollee	Retiree
Member only	No Charge	No Charge	\$2.55	\$4.61	\$9.23
Member + 1 Dependent	\$2.07	\$2.07	\$4.62	\$6.68	\$13.37
Member + 2 or More Dependents	\$7.36	\$7.36	\$9.92	\$11.98	\$23.96

“Biweekly” = 26 times per year; “Twice-Monthly” = 24 times per year; “Monthly” = 12 times per year.

Remember, the above costs only apply if you are selecting some form of supplemental benefits. The basic Health & Welfare Options (1, 2, and 3) do not have any cost to the employee. However, the supplemental benefits vary in cost, depending upon (for example) which of the three Health & Welfare Options (1, 2, or 3) you are enrolled in (if applicable).

Table for Calculating Your Supplemental Disability Costs

Use this table to calculate your twice-monthly cost for either Level One or Level Two Supplemental Disability coverage.

Supplemental Disability (Standard Insurance Company)

Monthly Salary	Level One Twice-Monthly Cost	Level Two Twice-Monthly Cost	Monthly Salary	Level One Twice-Monthly Cost	Level Two Twice-Monthly Cost
\$2,000	\$10.38	\$13.25	\$5,300	\$27.51	\$35.11
\$2,100	\$10.90	\$13.91	\$5,400	\$28.03	\$35.78
\$2,200	\$11.42	\$14.58	\$5,500	\$28.55	\$36.44
\$2,300	\$11.94	\$15.24	\$5,600	\$29.06	\$37.10
\$2,400	\$12.46	\$15.90	\$5,700	\$29.58	\$37.76
\$2,500	\$12.98	\$16.56	\$5,800	\$30.10	\$38.43
\$2,600	\$13.49	\$17.23	\$5,900	\$30.62	\$39.09
\$2,700	\$14.01	\$17.89	\$6,000	\$31.14	\$39.75
\$2,800	\$14.53	\$18.55	\$6,100	\$31.66	\$40.41
\$2,900	\$15.05	\$19.21	\$6,200	\$32.18	\$41.08
\$3,000	\$15.57	\$19.88	\$6,300	\$32.70	\$41.74
\$3,100	\$16.09	\$20.54	\$6,400	\$33.22	\$42.40
\$3,200	\$16.61	\$21.20	\$6,500	\$33.74	\$43.06
\$3,300	\$17.13	\$21.86	\$6,600	\$34.25	\$43.73
\$3,400	\$17.65	\$22.53	\$6,700	\$34.77	\$44.39
\$3,500	\$18.17	\$23.19	\$6,800	\$35.29	\$45.05
\$3,600	\$18.68	\$23.85	\$6,900	\$35.81	\$45.71
\$3,700	\$19.20	\$24.51	\$7,000	\$36.33	\$46.38
\$3,800	\$19.72	\$25.18	\$7,100	\$36.85	\$47.04
\$3,900	\$20.24	\$25.84	\$7,200	\$37.37	\$47.70
\$4,000	\$20.76	\$26.50	\$7,300	\$37.89	\$48.36
\$4,100	\$21.28	\$27.16	\$7,400	\$38.41	\$49.03
\$4,200	\$21.80	\$27.83	\$7,500	\$38.93	\$49.69
\$4,300	\$22.32	\$28.49	\$7,600	\$39.44	\$50.35
\$4,400	\$22.84	\$29.15	\$7,700	\$39.96	\$51.01
\$4,500	\$23.36	\$29.81	\$7,800	\$40.48	\$51.68
\$4,600	\$23.87	\$30.48	\$7,900	\$41.00	\$52.34
\$4,700	\$24.39	\$31.14	\$8,000	\$41.52	\$53.00
\$4,800	\$24.91	\$31.80	\$8,100	\$42.04	\$53.66
\$4,900	\$25.43	\$32.46	\$8,200	\$42.56	\$54.33
\$5,000	\$25.95	\$33.13	\$8,300	\$43.08	\$54.99
\$5,100	\$26.47	\$33.79	\$8,333	\$43.25	\$55.21
\$5,200	\$26.99	\$34.45			

Deduction amounts per pay period are affected by many factors. The deductions per pay period illustrated in the calculations above are approximations only. All benefits are based upon a \$100,000 maximum annual salary. Please contact OCEA at (714) 835-3355 for additional information.

2 ORANGE COUNTY EMPLOYEES ASSOCIATION HEALTH & WELFARE TRUST

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These materials are for comparison purposes only. Plan participants will receive Summary Plan Descriptions, the terms of which shall prevail in the event of any conflict with these materials. Each plan is subject to modification at any time. (2018)

Calculating Your Supplemental Life Insurance Costs

Supplemental Life (Standard Insurance Company)

Age	Member Only	Member + Dependents
Less than 30	\$ 0.050	\$ 0.070
30-34	0.060	0.080
35-39	0.070	0.095
40-44	0.100	0.135
45-49	0.140	0.185
50-54	0.220	0.285
55-59	0.340	0.435
60-64	0.520	0.655
65-69	0.760	0.970
70-74	1.240	1.570
75 and up	2.240	2.825

The chart to the left shows your twice-monthly cost per \$1,000 of coverage.

Calculation examples are on the next page.

Voluntary Accidental Death & Dismemberment (Standard Insurance Company)

Biweekly Earnings	Coverage	Twice-Monthly Deduction
Less than \$1,500	\$50,000	\$1.63
\$1,500-\$1,999	\$75,000	\$2.44
\$2,000 or more	\$100,000	\$3.25

Retiree Life Insurance (Standard Insurance Company)

Age	Coverage	Monthly Premiums
50-54	\$10,000	\$ 6.24
55-59	\$10,000	\$ 9.53
60-64	\$10,000	\$13.26
65-69	\$ 6,500	\$13.26
70-74	\$ 2,000	\$ 6.31
75 and up	\$ 2,000	\$11.65

Example: Supplemental Life Insurance Rate Calculation

A 27-year-old member who has a base annual salary (BAS) of \$36,000 elects coverage at two times his/her BAS:

Salary	\$36,000 x 2 = \$72,000	
Salary factor	72	(\$72,000 divided by \$1,000)
Twice monthly rate	<u>x .05</u>	(rate per \$1,000 for members under age 30)
Payroll deduction	\$3.60	member only life coverage

The member decides to cover dependents:

Member salary factor	72	(\$72,000 divided by \$1,000)
Twice monthly rate	<u>x .02</u>	(rate per \$1,000 is based on member's age)
Additional payroll deduction	\$1.44	dependent life coverage

The member is covered for \$72,000, the spouse for \$36,000, children from birth to 21 years for \$7,200.

A 39-year-old member who has a base annual salary (BAS) of \$62,000 elects coverage at two times his/her BAS:

Salary	\$60,000 [BAS max at \$60,000] x 2 = \$120,000	
Salary factor	120	(\$120,000 divided by \$1,000)
Twice monthly rate	<u>x .07</u>	(rate per \$1,000 for 35 to 39 year olds)
Payroll deduction	\$8.40	member only life coverage

The member decides to cover dependents:

Member salary factor	120	(\$120,000 divided by \$1,000)
Twice monthly rate	<u>x .025</u>	(rate per \$1,000 is based on member's age)
Additional payroll deduction	\$3.00	dependent life coverage

The member is covered for \$120,000, the spouse for \$60,000, children from birth to 21 years for \$12,000.

Note: For details on determining base annual salary, see the *Supplemental Life Insurance* section of this guide.