

Superior Court Employees

2019 Bi-Weekly Medical Premium Contribution Rates

Medical: Employee Only

	BLUE SHIELD OF CALIFORNIA		ACCESS+ HMO		KAISER PERMANENTE HMO		CITY PLAN PPO	
	TRIO HMO							
	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
Superior Court Employees Local 21								
Superior Court Employees Local 1021								
Superior Court Judges								
Superior Court Reporters	\$345.07	\$0.00	\$402.74	\$0.00	\$282.21	\$0.00	\$497.22	\$0.00
Superior Court Staff Attorneys								
Superior Court Staff Attorneys Cash Back ¹								
Superior Court Interpreters								
Superior Court Unrepresented Professionals								

Medical: Plus One

	BLUE SHIELD OF CALIFORNIA		ACCESS+ HMO		KAISER PERMANENTE HMO		CITY PLAN PPO	
	TRIO HMO							
	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
Superior Court Employees Local 21								
Superior Court Employees Local 1021								
Superior Court Judges								
Superior Court Reporters	\$688.36	\$0.00	\$803.72	\$0.00	\$562.51	\$0.00	\$962.26	\$0.00
Superior Court Staff Attorneys								
Superior Court Staff Attorneys Cash Back ¹								
Superior Court Interpreters								
Superior Court Unrepresented Professionals								

Medical: Plus Two or More

	BLUE SHIELD OF CALIFORNIA		ACCESS+ HMO		KAISER PERMANENTE HMO		CITY PLAN PPO	
	TRIO HMO							
	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
Superior Court Employees Local 21								
Superior Court Employees Local 1021								
Superior Court Judges			\$1,136.54	\$0.00			\$1,317.00	\$215.02
Superior Court Reporters								
Superior Court Staff Attorneys	\$973.31	\$0.00			\$795.16	\$0.00		
Superior Court Staff Attorneys Cash Back ¹			\$1,040.08	\$96.46			\$1,040.08	\$311.94
Superior Court Interpreters								
Superior Court Unrepresented Professionals			\$1,136.54	\$0.00			\$1,317.00	\$215.02

¹Attorneys with enrolled dependents who wish to elect the cashback rate must complete additional forms. Contact SFHSS for details.

2019 Biweekly VSP Premier Contribution Rates

VSP Premier	
Employee Pays	
Employee Only	\$4.32
Employee + 1 Dependent	\$6.48
Employee + 2 or More Dependents	\$13.53

Superior Court Employees

2019 Biweekly Dental Premium Contribution Rates

SUPERIOR COURT	DELTA DENTAL PPO		DELTACARE USA DHMO-Style		UNITEDHEALTHCARE DENTAL DHMO	
	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
Employee Only	\$27.91	\$0	\$12.44	\$0	\$12.83	\$0
Employee + 1 Dependent	\$58.62	\$0	\$20.52	\$0	\$21.18	\$0
Employee + 2 or More Dependents	\$83.74	\$0	\$30.35	\$0	\$31.32	\$0