

# Superior Court of California, County of San Bernardino

## Rate History

	2017 Monthly Rates	2018 Monthly Rates	2019 Monthly Rates
<b>Non-Kaiser HMO</b>	<b>Aetna</b>	<b>Blue Shield</b>	<b>Blue Shield</b>
EE Only	\$557.74	\$662.09	\$719.82
EE+1	\$1,199.12	\$1,324.20	\$1,439.67
EE+Family	\$1,645.33	\$1,866.35	\$2,029.10
<b>ACO/Narrow Network HMO</b>	<b>Aetna ACO</b>	<b>Blue Shield Trio ACO HMO</b>	<b>Blue Shield Trio ACO HMO</b>
EE Only	\$524.32	\$556.46	\$604.98
EE+1	\$1,127.27	\$1,112.93	\$1,209.98
EE+Family	\$1,546.75	\$1,568.58	\$1,705.36
<b>PPO</b>	<b>Aetna OAMC</b>	<b>Blue Shield PPO</b>	<b>Blue Shield PPO</b>
EE Only	\$1,260.92	\$1,495.82	\$1,626.26
EE+1	\$2,710.99	\$2,991.67	\$3,252.54
EE+Family	\$3,719.71	\$4,216.53	\$4,584.21
<b>Non Kaiser PPO for Medicare</b>	<b>Aetna Traditional Choice</b>	<b>Blue Shield COB PPO</b>	<b>Blue Shield COB PPO</b>
Retiree with Medicare A & B	\$433.23	\$491.84	\$534.73
Retiree + Spouse (Both w/MC)	\$866.46	\$983.68	\$1,069.46
<b>Kaiser HMO</b>	<b>Kaiser</b>	<b>Kaiser</b>	<b>Kaiser</b>
EE Only	\$628.16	\$594.32	\$584.39
EE+1	\$1,256.33	\$1,188.63	\$1,168.77
EE+Family	\$17,777.70	\$1,681.91	\$1,653.81
<b>Kaiser Retiree HMO</b>	<b>Kaiser Sr. Advantage</b>	<b>Kaiser Sr. Advantage</b>	<b>Kaiser Sr. Advantage</b>
Member with Parts A & B	\$223.41	\$238.33	\$242.38
Member with Part B Only	\$446.82	\$550.33	\$554.38

## Superior Court of California, County of San Bernardino Medical Subsidy Formula & Contribution

Effective Date: January 1, 2019

	2019 Monthly Rates	2019 Bi Weekly Rates	2019 Monthly Court Subsidy Formula (54.8% of HMO rate tiers)	2019 Bi Weekly Court Subsidy	2019 Bi Weekly Payroll Deduction (w/out Contribution)
<b>Blue Shield HMO</b>					
EE Only	\$719.82	\$332.22	\$394.46	\$182.06	\$150.17
EE+1	\$1,439.67	\$664.46	\$788.94	\$364.13	\$300.34
EE+Family	\$2,029.10	\$936.51	\$1,111.95	\$513.21	\$423.30
<b>Blue Shield Trio HMO</b>					
EE Only	\$604.98	\$279.22	\$331.53	\$182.06	\$97.16
EE+1	\$1,209.98	\$558.45	\$663.07	\$364.13	\$194.33
EE+Family	\$1,705.36	\$787.09	\$934.54	\$513.21	\$273.88
<b>Blue Shield PPO</b>					
EE Only	\$1,626.26	\$750.58	\$320.25	\$147.81	\$602.78
EE+1	\$3,252.54	\$1,501.17	\$640.49	\$295.61	\$1,205.56
EE+Family	\$4,584.21	\$2,115.79	\$906.29	\$418.29	\$1,697.50
<b>Kaiser HMO</b>					
EE Only	\$584.39	\$269.72	\$320.25	\$147.81	\$121.91
EE+1	\$1,168.77	\$539.43	\$640.49	\$291.30	\$248.13
EE+Family	\$1,653.81	\$763.30	\$906.29	\$418.29	\$345.01

**Court subsidies increased as follows:**

1/1/2018: 53.1%

1/1/2019: 54.8%

1/1/2020: 56%

**Court Contribution:** \$200 per pay period (26 pay periods) provided to all full-time regular benefit-eligible employees to be used towards, medical, dental or vision. If opting out of Court coverages, it will be paid to the employee. Benefit Eligible Part-Time employees receive pro-rated contribution and subsidies based upon the number of hours they work per pay period. This contribution is not scheduled to change for 2019.

**Court Subsidy:** January 1, 2019 Court-paid Medical Subsidy Formula increases to 54.8% for each rate tier. The Kaiser subsidy amount applies to the Blue Shield PPO plan. Formula = 54.8% x all rate tiers x 12 / 26 pay periods.