

2019 Paramedic Medical Plan Rates

Employee Contributions are based on semi-monthly deductions (2 times per month) to cover the total monthly cost of the Plan.

<u>PERS Choice</u>	Total Cost (Monthly)	County Contribution (Monthly)	Employee Contribution
<i>Northern</i>			
Employee Only	\$866.95	\$693.56	\$86.70
Employee + One	\$1,733.90	\$1,387.12	\$173.39
Employee + Family	\$2,254.07	\$1,803.26	\$225.41

<i>Southern</i>			
Employee Only	\$721.11	\$576.89	\$72.11
Employee + One	\$1,442.22	\$1,153.78	\$144.22
Employee + Family	\$1,874.89	\$1,499.91	\$187.49

<i>Out of State</i>			
Employee Only	\$630.41	\$504.33	\$63.04
Employee + One	\$1,260.82	\$1,008.66	\$126.08
Employee + Family	\$1,639.07	\$1,311.26	\$163.91

<u>PERSCare</u>	Total Cost (Monthly)	County Contribution (Monthly)	Employee Contribution
<i>Northern</i>			
Employee Only	\$1,085.83	\$693.56	\$196.14
Employee + One	\$2,171.66	\$1,387.12	\$392.27
Employee + Family	\$2,823.16	\$1,803.26	\$509.95

<i>Southern</i>			
Employee Only	\$907.29	\$576.89	\$165.20
Employee + One	\$1,814.58	\$1,153.78	\$330.40
Employee + Family	\$2,358.95	\$1,499.91	\$429.52

<i>Out of State</i>			
Employee Only	\$813.47	\$504.33	\$154.57
Employee + One	\$1,626.94	\$1,008.66	\$309.14
Employee + Family	\$2,115.02	\$1,311.26	\$401.88