

HEALTH PLAN CONTRIBUTION RATES OPERATING ENGINEERS, LOCAL # 3

Effective January 1, 2014

Employee contributions are deducted 24 pay periods per year.

Full Time Employees			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$435.33	\$785.17	\$1,092.54
Employee Contribution	\$108.83	\$196.29	\$273.13
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$342.53	\$618.37	\$860.54
Employee Contribution	\$85.63	\$154.59	\$215.13
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$289.32	\$573.14	\$809.73
Employee Contribution	\$72.33	\$143.28	\$202.43
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$365.51	\$742.28	\$1,049.66
Employee Contribution	\$91.38	\$185.57	\$262.41

Part Time Employees (40-63 hours per pay period)			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$326.50	\$588.87	\$819.40
Employee Contribution	\$217.66	\$392.59	\$546.27
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$256.90	\$463.77	\$645.40
Employee Contribution	\$171.26	\$309.19	\$430.27
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$216.99	\$429.85	\$607.30
Employee Contribution	\$144.66	\$286.57	\$404.86
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$274.13	\$556.71	\$787.24
Employee Contribution	\$182.76	\$371.14	\$524.83

Part Time Employees (32-39 hours per pay period)			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$217.66	\$392.58	\$546.27
Employee Contribution	\$326.50	\$588.88	\$819.40
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$171.26	\$309.18	\$430.27
Employee Contribution	\$256.90	\$463.78	\$645.40
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$144.66	\$286.57	\$404.86
Employee Contribution	\$216.99	\$429.85	\$607.30
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$182.75	\$371.14	\$524.83
Employee Contribution	\$274.14	\$556.71	\$787.24

These part-time rates apply to employees who became part-time employees after 09/07/91. Those who became part-time employees prior to 09/07/91 contribute as if they were full time.

* Account-Based Health Plan