

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CA, CC & MA

Effective January 1, 2015

Contributions are deducted over 24 pay periods

FULL TIME 64+ HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$292.54	\$528.58	\$736.71
Employee	\$157.52	\$284.62	\$396.69
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$373.47	\$674.18	\$938.86
Employee	\$201.10	\$363.02	\$505.54
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$305.30	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.52	\$679.62	\$962.68
Employer	\$222.64	\$441.75	\$625.74
Employee	\$119.88	\$237.87	\$336.94
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$181.34	\$359.16	\$508.87
Employee	\$97.64	\$193.39	\$274.00
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$433.81	\$889.24	\$1,257.97
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$306.17	\$622.86	\$881.82
Employee	\$164.86	\$335.39	\$474.82
<i>NOTE: Employees receive \$6,000 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$250 each)</i>			

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CA, CC & MA

Effective January 1, 2015

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PART TIME 40 - 63 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$219.41	\$396.44	\$552.53
Employee	\$230.66	\$416.77	\$580.86
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$280.10	\$505.64	\$704.14
Employee	\$294.46	\$531.57	\$740.25
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$305.30	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.52	\$679.62	\$962.68
Employer	\$166.98	\$331.31	\$469.30
Employee	\$175.54	\$348.31	\$493.37
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$136.01	\$269.37	\$381.65
Employee	\$142.98	\$283.18	\$401.22
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$433.81	\$889.24	\$1,257.97
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$229.62	\$467.15	\$661.36
Employee	\$241.40	\$491.10	\$695.28

NOTE: Employees receive \$4,500 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$188 each)

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CA, CC & MA

Effective January 1, 2015

Contributions are deducted over 24 pay periods

PART TIME 32 - 39 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$146.27	\$264.29	\$368.35
Employee	\$303.79	\$548.91	\$765.04
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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$186.73	\$337.09	\$469.43
Employee	\$387.83	\$700.11	\$974.97
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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$305.30	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.52	\$679.62	\$962.68
Employer	\$111.32	\$220.88	\$312.87
Employee	\$231.20	\$458.74	\$649.81
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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$90.67	\$179.58	\$254.43
Employee	\$188.31	\$372.97	\$528.44
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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$433.81	\$889.24	\$1,257.97
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$153.08	\$311.43	\$440.91
Employee	\$317.94	\$646.82	\$915.73

NOTE: Employees receive \$3,000 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$125 each)