### **HEALTH PLAN CONTRIBUTION RATES**

# For employees in bargaining units

#### GE, PL, SU, TC, PR & CR Effective January 1, 2015

Contributions are deducted over 24 pay periods

FULL TIME 64+ HOURS (PER PAY PERIOD)					
FULL TIIVIE 64+ HUC	•		<u>'</u>		
	EE ONLY	<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	\$360.05	\$650.56	\$906.72		
Employee	\$90.01	\$162.64	\$226.68		
	EE ONLY	<u>EE+1</u>	FAMILY		
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		
	*****	7	7		
Total	\$574.57	\$1,037.21	\$1,444.40		
Employer	\$459.65	\$829.76	\$1,155.52		
Employee	\$114.91	\$207.44	\$288.88		
	55.01111		- - -		
Water June 0	EE ONLY	<u>EE+1</u>	FAMILY		
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	\$274.02	\$543.70	\$770.14		
Employee	\$68.50	\$135.92	\$192.54		
Linployee	<del>φυσ.5υ</del>	7133.32	71J2.J <del>4</del>		
	EE ONLY	<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	\$278.99	\$442.04	\$626.30		
Employee Employee	\$55.80	\$110.51	\$156.57		
Linployee	<b>433.00</b>	<b>Ģ</b> 110. <b>J</b> 1			
	EE ONLY	<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	\$471.03	\$958.25	\$1,356.64		
Employee Employee	\$376.82 <b>\$94.21</b>	\$766.60 <b>\$191.65</b>	\$1,085.31 <b>\$271.33</b>		
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### **HEALTH PLAN CONTRIBUTION RATES**

# For employees in bargaining units GE, PL, SU, TC, PR & CR

## Effective January 1, 2015

Contributions are deducted over 24 pay periods

PART TIME 40 - 63	HOLIPS (DI		
PART TIME 40 - 03	•		
	EE ONLY	<u>EE+1</u>	FAMILY
Blue Shield PPO \$1300 ABHP		\$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
T	Ć450.07	6042.24	ć4 433 40
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$270.04 <b>\$180.03</b>	\$487.92 <b>\$325.28</b>	\$680.04 <b>\$453.36</b>
<b>Employee</b>	\$180.03	<b>\$323.28</b>	Ş455.30
_	EE ONLY	<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	¢57457	ć1 02 <b>7 2</b> 1	ć1 444 40
Total	\$574.57 \$344.74	\$1,037.21 \$622.32	\$1,444.40 \$866.64
Employer Employee	\$344.74 <b>\$229.83</b>	\$622.32 <b>\$414.88</b>	\$577.76
Епіріоуее	Ş <b>223.</b> 63	3414.00	<b>3377.70</b>
	EE ONLY	<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	\$205.51	\$407.77	\$577.61
Employee	\$203.31 <b>\$137.01</b>	\$ <b>271.85</b>	\$385.07
широуее			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	-
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	\$167.39	\$332.53	\$469.72
Employee	\$111.59	\$221.02	\$313.15
	·	FF. 4	
United Healthcare HMO	EE ONLY \$433.81	<u>EE+1</u>	<u>FAMILY</u> \$1.257.07
Delta Dental PPO+Premier	\$433.81 \$27.14	\$889.24 \$48.86	\$1,257.97 \$67.86
VSP Choice	\$27.14	\$48.86	\$8.50
EDC Admin Fee	\$2.64 \$7.44	\$5.28 \$14.88	\$8.30
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Total	\$471.03	\$958.25	\$1,356.64
Employer	\$282.62	\$574.95	\$813.98
Employee	\$188.41	\$383.30	\$542.66

### **HEALTH PLAN CONTRIBUTION RATES**

# For employees in bargaining units GE, PL, SU, TC, PR & CR

# Effective January 1, 2015

Contributions are deducted over 24 pay periods

PART TIME 32 - 39 H	OURS (PE	R PAY PE	RIOD)
	EE ONLY	<u>EE+1</u>	FAMILY
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	\$180.03	\$325.28	\$453.36
Employee	\$270.04	\$487.92	\$680.04
	EE ONLY	<u>EE+1</u>	FAMILY
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	\$229.83	\$414.88	\$577.76
<b>Employee</b>	\$344.74	\$622.32	\$866.64
	EE ONLY	<u>EE+1</u>	FAMILY
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	\$137.01	\$271.85	\$385.07
Employee	\$205.51	\$407.77	\$577.61
	EE ONLY	<u>EE+1</u>	FAMILY
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
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Total	\$278.99	\$552.55	\$782.87
Employer	\$111.59	\$221.02	\$313.15
Employee	\$167.39	\$331.53	\$469.72
	EE ONLY	<u>EE+1</u>	FAMILY
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	\$2.04 \$7.44	\$14.88	\$22.32
LDC AUTHITT CC	٠٠٠٠	¥14.00	72.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$188.41	\$383.30	\$542.66
Employee	\$282.62	\$574.95	\$813.98