

# 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*

<b>FULL TIME 64+ HOURS (PER PAY PERIOD)</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$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
<b>Employee</b>	<b>\$90.01</b>	<b>\$162.64</b>	<b>\$226.68</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$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	\$459.65	\$829.76	\$1,155.52
<b>Employee</b>	<b>\$114.91</b>	<b>\$207.44</b>	<b>\$288.88</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$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
<b>Employee</b>	<b>\$68.50</b>	<b>\$135.92</b>	<b>\$192.54</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$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	\$223.19	\$442.04	\$626.30
<b>Employee</b>	<b>\$55.80</b>	<b>\$110.51</b>	<b>\$156.57</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>United Healthcare HMO</b>	\$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	\$376.82	\$766.60	\$1,085.31
<b>Employee</b>	<b>\$94.21</b>	<b>\$191.65</b>	<b>\$271.33</b>

# 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*

<b>PART TIME 40 - 63 HOURS (PER PAY PERIOD)</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$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	\$270.04	\$487.92	\$680.04
<b>Employee</b>	<b>\$180.03</b>	<b>\$325.28</b>	<b>\$453.36</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$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	\$344.74	\$622.32	\$866.64
<b>Employee</b>	<b>\$229.83</b>	<b>\$414.88</b>	<b>\$577.76</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$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
<b>Employee</b>	<b>\$137.01</b>	<b>\$271.85</b>	<b>\$385.07</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$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	\$167.39	\$331.53	\$469.72
<b>Employee</b>	<b>\$111.59</b>	<b>\$221.02</b>	<b>\$313.15</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>United Healthcare HMO</b>	\$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	\$282.62	\$574.95	\$813.98
<b>Employee</b>	<b>\$188.41</b>	<b>\$383.30</b>	<b>\$542.66</b>

# 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*

<b>PART TIME 32 - 39 HOURS (PER PAY PERIOD)</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$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
<b>Employee</b>	<b>\$270.04</b>	<b>\$487.92</b>	<b>\$680.04</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$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>	<b>\$344.74</b>	<b>\$622.32</b>	<b>\$866.64</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$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
<b>Employee</b>	<b>\$205.51</b>	<b>\$407.77</b>	<b>\$577.61</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$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	\$111.59	\$221.02	\$313.15
<b>Employee</b>	<b>\$167.39</b>	<b>\$331.53</b>	<b>\$469.72</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>United Healthcare HMO</b>	\$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	\$188.41	\$383.30	\$542.66
<b>Employee</b>	<b>\$282.62</b>	<b>\$574.95</b>	<b>\$813.98</b>