

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

SA

Effective July 23, 2016

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	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$292.39	\$528.21	\$735.54
Employee	\$157.44	\$284.42	\$396.06
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$378.84	\$683.88	\$951.67
Employee	\$203.99	\$368.25	\$512.44
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$205.37	\$410.74	\$582.11
Employee	\$110.58	\$221.17	\$313.44
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$261.55	\$523.10	\$741.58
Employer	\$170.01	\$340.02	\$482.03
Employee	\$91.54	\$183.09	\$259.55
<i>NOTE: Employees receive \$4,108 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$171.17 each)</i>			

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS. PLEASE SEE THE DENTAL AND VISION

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

SA

Effective July 23, 2016

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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	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$219.29	\$396.16	\$551.66
Employee	\$230.54	\$416.47	\$579.95
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$284.13	\$512.91	\$713.75
Employee	\$298.70	\$539.22	\$750.35
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$154.03	\$308.05	\$436.58
Employee	\$161.92	\$323.85	\$458.97
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$261.55	\$523.10	\$741.58
Employer	\$127.51	\$255.01	\$361.52
Employee	\$134.04	\$268.09	\$380.06
<i>NOTE: Employees receive \$3,081 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$128.38 each)</i>			

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PART TIME 32 - 39 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$146.19	\$264.10	\$367.77
Employee	\$303.64	\$548.53	\$763.83
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$189.42	\$341.94	\$475.83
Employee	\$393.41	\$710.19	\$988.27
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$102.68	\$205.37	\$291.05
Employee	\$213.27	\$426.53	\$604.50
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$261.55	\$523.10	\$741.58
Employer	\$85.00	\$170.01	\$241.01
Employee	\$176.55	\$353.09	\$500.57
<i>NOTE: Employees receive \$2,054 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$85.58 each)</i>			

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