

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO, EL, SM, UM & UD

Effective January 1, 2017

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$441.98	\$796.88	\$1,107.92	\$441.98	\$796.88	\$1,107.92	\$441.98	\$796.88	\$1,107.92
EDC Admin Fee	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47
Total	\$451.47	\$815.86	\$1,136.39	\$451.47	\$815.86	\$1,136.39	\$451.47	\$815.86	\$1,136.39
Employer	\$301.61	\$545.32	\$759.91	\$226.21	\$408.99	\$569.93	\$150.81	\$272.66	\$379.96
Employee	\$149.86	\$270.54	\$376.48	\$225.26	\$406.87	\$566.46	\$300.66	\$543.20	\$756.43
Blue Shield PPO \$200	\$574.98	\$1,036.38	\$1,440.42	\$574.98	\$1,036.38	\$1,440.42	\$574.98	\$1,036.38	\$1,440.42
EDC Admin Fee	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47
Total	\$584.47	\$1,055.36	\$1,468.89	\$584.47	\$1,055.36	\$1,468.89	\$584.47	\$1,055.36	\$1,468.89
Employer	\$394.01	\$711.85	\$990.91	\$295.51	\$533.89	\$743.18	\$197.01	\$355.93	\$495.46
Employee	\$190.46	\$343.51	\$477.98	\$288.96	\$521.47	\$725.71	\$387.46	\$699.43	\$973.43
Kaiser HMO	\$320.92	\$634.17	\$894.17	\$320.92	\$634.17	\$894.17	\$320.92	\$634.17	\$894.17
EDC Admin Fee	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47
Total	\$330.41	\$653.15	\$922.64	\$330.41	\$653.15	\$922.64	\$330.41	\$653.15	\$922.64
Employer	\$219.83	\$431.98	\$609.20	\$164.87	\$323.99	\$456.90	\$109.92	\$215.99	\$304.60
Employee	\$110.58	\$221.17	\$313.44	\$165.54	\$329.16	\$465.74	\$220.49	\$437.16	\$618.04
Kaiser HMO \$1300 ABHP	\$263.49	\$519.35	\$731.72	\$263.49	\$519.35	\$731.72	\$263.49	\$519.35	\$731.72
EDC Admin Fee	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47
Total	\$272.98	\$538.33	\$760.19	\$272.98	\$538.33	\$760.19	\$272.98	\$538.33	\$760.19
Employer	\$181.44	\$355.24	\$500.64	\$136.08	\$266.43	\$375.48	\$90.72	\$177.62	\$250.32
Employee	\$91.54	\$183.09	\$259.55	\$136.90	\$271.90	\$384.71	\$182.26	\$360.71	\$509.87
	<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>			<i>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)</i>			<i>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)</i>		

**THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.
PLEASE SEE THE DENTAL AND VISION RATE CARD FOR THOSE RATES.**