

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CA, CC & MA

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	\$293.46	\$530.31	\$738.66	\$220.10	\$397.73	\$554.00	\$146.73	\$265.16	\$369.33
Employee	\$158.01	\$285.55	\$397.73	\$231.37	\$418.13	\$582.39	\$304.74	\$550.70	\$767.06
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	\$379.91	\$685.99	\$954.78	\$284.93	\$514.49	\$716.09	\$189.96	\$343.00	\$477.39
Employee	\$204.56	\$369.37	\$514.11	\$299.54	\$540.87	\$752.80	\$394.51	\$712.36	\$991.50
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	\$214.77	\$424.55	\$599.72	\$161.08	\$318.41	\$449.79	\$107.39	\$212.28	\$299.86
Employee	\$115.64	\$228.60	\$322.92	\$169.33	\$334.74	\$472.85	\$223.02	\$440.87	\$622.78
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	\$177.44	\$349.92	\$494.13	\$133.08	\$262.44	\$370.60	\$88.72	\$174.96	\$247.07
Employee	\$95.54	\$188.41	\$266.06	\$139.90	\$275.89	\$389.59	\$184.26	\$363.37	\$513.12
	<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.**