

# HEALTH PLAN CONTRIBUTION RATES

For employees in Local 1, OE3 and Probation

(GE, PL, SU, TC, PR & CR)

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
<b>Blue Shield PPO \$1300 ABHP</b>	\$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	\$361.18	\$652.69	\$909.12	\$270.89	\$489.52	\$681.84	\$180.59	\$326.35	\$454.56
<b>Employee</b>	<b>\$90.29</b>	<b>\$163.17</b>	<b>\$227.27</b>	<b>\$180.58</b>	<b>\$326.34</b>	<b>\$454.55</b>	<b>\$270.88</b>	<b>\$489.51</b>	<b>\$681.83</b>
<b>Blue Shield PPO \$200</b>	\$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	\$467.58	\$844.29	\$1,175.12	\$350.69	\$633.22	\$881.34	\$233.79	\$422.15	\$587.56
<b>Employee</b>	<b>\$116.89</b>	<b>\$211.07</b>	<b>\$293.77</b>	<b>\$233.78</b>	<b>\$422.14</b>	<b>\$587.55</b>	<b>\$350.68</b>	<b>\$633.21</b>	<b>\$881.33</b>
<b>Kaiser HMO</b>	\$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	\$264.33	\$522.52	\$738.12	\$198.25	\$391.89	\$553.59	\$132.17	\$261.26	\$369.06
<b>Employee</b>	<b>\$66.08</b>	<b>\$130.63</b>	<b>\$184.52</b>	<b>\$132.16</b>	<b>\$261.26</b>	<b>\$369.05</b>	<b>\$198.24</b>	<b>\$391.89</b>	<b>\$553.58</b>
<b>Kaiser HMO \$1300 ABHP</b>	\$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	\$218.39	\$430.67	\$608.16	\$163.79	\$323.00	\$456.12	\$109.20	\$215.34	\$304.08
<b>Employee</b>	<b>\$54.59</b>	<b>\$107.66</b>	<b>\$152.03</b>	<b>\$109.19</b>	<b>\$215.33</b>	<b>\$304.07</b>	<b>\$163.78</b>	<b>\$322.99</b>	<b>\$456.11</b>

**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.**