

# HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CA, CC & MA

Effective January 1, 2018

*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)		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>BLUE SHIELD PPO ABHP LOW</b>	\$448.23	\$807.85	\$1,123.09	\$448.23	\$807.85	\$1,123.09	\$448.23	\$807.85	\$1,123.09
EDC Admin Fee	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12
Total	\$456.93	\$825.26	\$1,149.21	\$456.93	\$825.26	\$1,149.21	\$456.93	\$825.26	\$1,149.21
Employer	\$297.01	\$536.42	\$746.99	\$222.76	\$402.32	\$560.24	\$148.51	\$268.21	\$373.50
<b>Employee</b>	<b>\$159.92</b>	<b>\$288.84</b>	<b>\$402.22</b>	<b>\$234.17</b>	<b>\$422.94</b>	<b>\$588.97</b>	<b>\$308.42</b>	<b>\$557.05</b>	<b>\$775.71</b>
<b>BLUE SHIELD PPO STANDARD</b>	\$582.73	\$1,050.35	\$1,460.09	\$582.73	\$1,050.35	\$1,460.09	\$582.73	\$1,050.35	\$1,460.09
EDC Admin Fee	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12
Total	\$591.43	\$1,067.76	\$1,486.21	\$591.43	\$1,067.76	\$1,486.21	\$591.43	\$1,067.76	\$1,486.21
Employer	\$384.43	\$694.05	\$966.04	\$288.32	\$520.54	\$724.53	\$192.22	\$347.03	\$483.02
<b>Employee</b>	<b>\$207.00</b>	<b>\$373.71</b>	<b>\$520.17</b>	<b>\$303.11</b>	<b>\$547.22</b>	<b>\$761.68</b>	<b>\$399.21</b>	<b>\$720.73</b>	<b>\$1,003.19</b>
<b>KAISER HMO STANDARD</b>	\$340.00	\$672.00	\$947.50	\$340.00	\$672.00	\$947.50	\$340.00	\$672.00	\$947.50
EDC Admin Fee	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12
Total	\$348.70	\$689.41	\$973.62	\$348.70	\$689.41	\$973.62	\$348.70	\$689.41	\$973.62
Employer	\$226.66	\$448.12	\$632.86	\$170.00	\$336.09	\$474.65	\$113.33	\$224.06	\$316.43
<b>Employee</b>	<b>\$122.04</b>	<b>\$241.29</b>	<b>\$340.76</b>	<b>\$178.70</b>	<b>\$353.32</b>	<b>\$498.97</b>	<b>\$235.37</b>	<b>\$465.35</b>	<b>\$657.19</b>
<b>KAISER HMO ABHP</b>	\$279.50	\$550.50	\$775.50	\$279.50	\$550.50	\$775.50	\$279.50	\$550.50	\$775.50
EDC Admin Fee	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12
Total	\$288.20	\$567.91	\$801.62	\$288.20	\$567.91	\$801.62	\$288.20	\$567.91	\$801.62
Employer	\$187.33	\$369.15	\$521.06	\$140.50	\$276.86	\$390.80	\$93.67	\$184.58	\$260.53
<b>Employee</b>	<b>\$100.87</b>	<b>\$198.76</b>	<b>\$280.56</b>	<b>\$147.70</b>	<b>\$291.05</b>	<b>\$410.82</b>	<b>\$194.53</b>	<b>\$383.33</b>	<b>\$541.09</b>
	<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions.</i> <b>CC -\$6,000 (\$250 24 times per year)</b> <b>CA&amp;MA - \$6,240 (\$260 24 times per year)</b>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions.</i> <b>CC -\$4,500 (\$188 24 times per year)</b> <b>CA&amp;MA - \$4,680 (\$195 24 times per year)</b>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions.</i> <b>CC -\$3,000 (\$125 24 times per year)</b> <b>CA&amp;MA - \$3,120 (\$130 24 times per year)</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.**