

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO, EL, SM, UM & UD

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)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
BLUE SHIELD PPO ABHP LOW									
EDC Admin Fee	\$448.23	\$807.85	\$1,123.09	\$448.23	\$807.85	\$1,123.09	\$448.23	\$807.85	\$1,123.09
	\$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	\$307.07	\$554.72	\$772.73	\$230.30	\$416.04	\$579.55	\$153.54	\$277.36	\$386.37
Employee	\$149.86	\$270.54	\$376.48	\$226.63	\$409.22	\$569.66	\$303.39	\$547.90	\$762.84
BLUE SHIELD PPO STANDARD	<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>
EDC Admin Fee	\$582.73	\$1,050.35	\$1,460.09	\$582.73	\$1,050.35	\$1,460.09	\$582.73	\$1,050.35	\$1,460.09
	\$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	\$400.97	\$724.25	\$1,008.23	\$300.73	\$543.19	\$756.17	\$200.49	\$362.13	\$504.12
Employee	\$190.46	\$343.51	\$477.98	\$290.70	\$524.57	\$730.04	\$390.94	\$705.63	\$982.09
KAISER HMO STANDARD	<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>
EDC Admin Fee	\$340.00	\$672.00	\$947.50	\$340.00	\$672.00	\$947.50	\$340.00	\$672.00	\$947.50
	\$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	\$238.12	\$468.24	\$660.18	\$178.59	\$351.18	\$495.14	\$119.06	\$234.12	\$330.09
Employee	\$110.58	\$221.17	\$313.44	\$170.11	\$338.23	\$478.48	\$229.64	\$455.29	\$643.53
KAISER HMO ABHP	<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>
EDC Admin Fee	\$279.50	\$550.50	\$775.50	\$279.50	\$550.50	\$775.50	\$279.50	\$550.50	\$775.50
	\$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	\$196.66	\$384.82	\$542.07	\$147.50	\$288.62	\$406.55	\$98.33	\$192.41	\$271.04
Employee	\$91.54	\$183.09	\$259.55	\$140.70	\$279.29	\$395.07	\$189.87	\$375.50	\$530.58
	<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. SM -\$6,000 (\$250 24 times per year) CO, EL, UM & UD - \$6,240 (\$260 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. SM -\$4,500 (\$188 24 times per year) CO, EL UM & UD - \$4,680 (\$195 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. SM -\$3,000 (\$125 24 times per year) CO, EL, UM & UD - \$3,120 (\$130 24 times per year)</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.**