

HEALTH PLAN CONTRIBUTION RATES

For employees in Local 1, OE3 and Probation
(GE, PL, SU, TC, PR & CR)

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	\$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	\$365.55	\$660.21	\$919.37	\$274.16	\$495.16	\$689.53	\$182.78	\$330.11	\$459.69
Employee	\$91.38	\$165.05	\$229.84	\$182.77	\$330.10	\$459.68	\$274.15	\$495.15	\$689.52
BLUE SHIELD PPO STANDARD	\$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	\$473.15	\$854.21	\$1,188.97	\$354.86	\$640.66	\$891.73	\$236.58	\$427.11	\$594.49
Employee	\$118.28	\$213.55	\$297.24	\$236.57	\$427.10	\$594.48	\$354.85	\$640.65	\$891.72
KAISER HMO STANDARD	\$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	\$278.96	\$551.53	\$778.90	\$209.22	\$413.65	\$584.18	\$139.48	\$275.77	\$389.45
Employee	\$69.74	\$137.88	\$194.72	\$139.48	\$275.76	\$389.44	\$209.22	\$413.64	\$584.17
KAISER HMO ABHP	\$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	\$230.56	\$454.33	\$641.30	\$172.92	\$340.75	\$480.98	\$115.28	\$227.17	\$320.65
Employee	\$57.64	\$113.58	\$160.32	\$115.28	\$227.16	\$320.64	\$172.92	\$340.74	\$480.97

**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.**