

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CA (Criminal Attorney), CC (County Counsel), MA (Managers) & SM (Sworn Management)

Effective January 1, 2019

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	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55
Employer	\$303.80	\$548.91	\$764.11	\$227.85	\$411.68	\$573.08	\$151.90	\$274.46	\$382.06
Employee	\$163.58	\$295.56	\$411.44	\$239.53	\$432.79	\$602.47	\$315.48	\$570.01	\$793.49
Blue Shield PPO Standard	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55
Employer	\$393.50	\$710.11	\$988.36	\$295.13	\$532.58	\$741.27	\$196.75	\$355.06	\$494.18
Employee	\$211.88	\$382.36	\$532.19	\$310.25	\$559.89	\$779.28	\$408.63	\$737.41	\$1,026.37
Kaiser HMO Standard	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95
Employer	\$236.38	\$467.55	\$659.72	\$177.29	\$350.66	\$494.79	\$118.19	\$233.78	\$329.86
Employee	\$127.27	\$251.75	\$355.23	\$186.36	\$368.64	\$520.16	\$245.46	\$485.52	\$685.09
Kaiser HMO ABHP	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95
Employer	\$195.43	\$384.67	\$542.72	\$146.57	\$288.50	\$407.04	\$97.72	\$192.34	\$271.36
Employee	\$105.22	\$207.13	\$292.23	\$154.08	\$303.30	\$427.91	\$202.93	\$399.46	\$563.59
	<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions.</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions.</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions.</i>		
	<i>\$6,240 (\$260 24 times per year)</i>			<i>\$4,680 (\$195 24 times per year)</i>			<i>\$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.