## HEALTH PLAN CONTRIBUTION RATES

## For employees in bargaining units

CO (Confidential), EL (Elected), UM (Unrepresented Management) & UD (Department Heads) Effective January 1, 2019

|                                   | Contributions are deducted over 24 pay periods                                 |                             |                               |                             |   |                             |                         |   |                             |  |
|-----------------------------------|--|-----------------------------|-------------------------------|-----------------------------|---|-----------------------------|-------------------------|---|-----------------------------|--|
|                                   | FULL TIME 64+ HOURS  |                             |                               | PART TIME 40 - 63 HOURS     |   |                             | PART TIME 32 - 39 HOURS |   |                             |  |
|                                   | (PER PAY PERIOD)   |                             |                               | (PER PAY PERIOD)            |   |                             | (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                     |  |
| <b>T</b> 1                        | 6467.00  | 604447                      | 64 475 55                     | ¢467.20                     | 604447  |                             | ¢467.00                 | 6044 47   |                             |  |
| Total                             | \$467.38   | \$844.47                    | \$1,175.55                    | \$467.38                    | \$844.47  | \$1,175.55<br>\$599.30      | \$467.38                | \$844.47  | \$1,175.55                  |  |
| Employer<br>Employee              | \$317.52<br><b>\$149.86</b>  | \$573.93<br><b>\$270.54</b> | \$799.07<br><b>\$376.48</b>   | \$238.14<br><b>\$229.24</b> | \$430.45<br><b>\$414.02</b>   | \$599.30<br><b>\$576.25</b> | \$158.76<br>\$308.62    | \$286.97  | \$399.54<br><b>\$776.01</b> |  |
| Employee                          | \$149.86   | \$270.54                    | <b>\$370.48</b>               | <u> </u>                    | \$414.02  | \$570.25                    | <b>\$308.62</b>         | \$557.50  | \$776.01                    |  |
|                                   | EE ONLY  | <u>EE+1</u>                 | FAMILY                        | EE ONLY                     | <u>EE+1</u>   | FAMILY                      | EE ONLY                 | <u>EE+1</u>   | FAMILY                      |  |
| 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                     |  |
| Tatal                             | 6005 D0  | ć1 002 47                   | ć1 520 55                     | ¢605-20                     | ć1 000 17   | ć1 500 55                   | ¢605.20                 | ć1 000 17   | ć1 520 55                   |  |
| 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<br><mark>Employee</mark> | \$414.92<br><b>\$190.46</b>  | \$748.96<br><b>\$343.51</b> | \$1,042.57<br><b>\$477.98</b> | \$311.19<br><b>\$294.19</b> | \$561.72<br><b>\$530.75</b>   | \$781.93<br><b>\$738.62</b> | \$207.46<br>\$397.92    | \$374.48<br><b>\$717.99</b>   | \$521.29<br><b>\$999.26</b> |  |
| Employee                          | \$190.46   | \$343.51                    | \$477.98                      | <b>ŞZ94.19</b>              | Ş530.75   | \$738.02                    | <u>\$397.92</u>         | \$717.99  | Ş999.20                     |  |
|                                   | EE ONLY  | <u>EE+1</u>                 | FAMILY                        | EE ONLY                     | <u>EE+1</u>   | FAMILY                      | EE ONLY                 | <u>EE+1</u>   | FAMILY                      |  |
| 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                     |  |
|                                   | 40.00.05   | 4740.00                     | A4 04 4 05                    | 40.00.05                    | 4740.00   | <u></u>                     | 40.00.05                | 4740.00   | <u> </u>                    |  |
| Total                             | \$363.65   | \$719.30                    | \$1,014.95                    | \$363.65                    | \$719.30  | \$1,014.95                  | \$363.65                | \$719.30  | \$1,014.95                  |  |
| Employer                          | \$253.07   | \$498.13                    | \$701.51                      | \$189.80                    | \$373.60  | \$526.13                    | \$126.54                | \$249.07  | \$350.76                    |  |
| Employee                          | \$110.58   | \$221.17                    | \$313.44                      | <b>\$173.85</b>             | \$345.70  | \$488.82                    | <b>\$237.11</b>         | \$470.23  | <mark>\$664.19</mark>       |  |
|                                   | EE ONLY  | <u>EE+1</u>                 | FAMILY                        | EE ONLY                     | <u>EE+1</u>   | FAMILY                      | EE ONLY                 | <u>EE+1</u>   | FAMILY                      |  |
| 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                     |  |
| Tatal                             | 6200 CF  | ¢501.90                     | 6024 OF                       | 6200 CF                     | \$591.80  | \$834.95                    | \$300.65                | ¢501.80   | 6024 OF                     |  |
| Total                             | \$300.65<br>\$209.11   | \$591.80<br>\$408.71        | \$834.95<br>\$575.40          | \$300.65<br>\$156.83        | \$306.53  | \$834.95<br>\$431.55        | \$300.65<br>\$104.56    | \$591.80<br>\$204.36  | \$834.95<br>\$287.70        |  |
| Employer<br><mark>Employee</mark> | \$209.11<br><b>\$91.54</b>   | \$408.71<br><b>\$183.09</b> | \$575.40<br><b>\$259.55</b>   | \$156.83<br>\$143.82        | \$306.53<br><b>\$285.27</b>   | \$431.55<br><b>\$403.40</b> | \$104.56<br>\$196.09    | \$204.36<br><b>\$387.44</b>   | \$287.70<br><b>\$547.25</b> |  |
| Етрюуее                           |  | loyees in these             |                               |                             |   | -                           |                         |   | -                           |  |
|                                   |  |                             |                               |                             | NOTE: Employees in these bargaining<br>units receive Optional Benefit credits |                             |                         | NOTE: Employees in these bargaining<br>units receive Optional Benefit credits |                             |  |
|                                   | units receive Optional Benefit credits<br>which can be used to offset employee |                             |                               |                             | which can be used to offset employee  |                             |                         | which can be used to offset employee  |                             |  |
|                                   | contribution   |                             | et employee                   |                             | contributions.  |                             |                         | contributions.  |                             |  |
|                                   |  | 50 24 times pe              | r year)                       |                             | \$4,680 (\$195 24 times per year)   |                             |                         | \$3,120 (\$130 24 times per year)   |                             |  |

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.