

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 (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	\$317.52	\$573.93	\$799.07	\$238.14	\$430.45	\$599.30	\$158.76	\$286.97	\$399.54
Employee	\$149.86	\$270.54	\$376.48	\$229.24	\$414.02	\$576.25	\$308.62	\$557.50	\$776.01
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	\$414.92	\$748.96	\$1,042.57	\$311.19	\$561.72	\$781.93	\$207.46	\$374.48	\$521.29
Employee	\$190.46	\$343.51	\$477.98	\$294.19	\$530.75	\$738.62	\$397.92	\$717.99	\$999.26
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	\$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	\$173.85	\$345.70	\$488.82	\$237.11	\$470.23	\$664.19
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	\$209.11	\$408.71	\$575.40	\$156.83	\$306.53	\$431.55	\$104.56	\$204.36	\$287.70
Employee	\$91.54	\$183.09	\$259.55	\$143.82	\$285.27	\$403.40	\$196.09	\$387.44	\$547.25
	<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.