

HEALTH PLAN CONTRIBUTION RATES

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

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	\$373.91	\$675.58	\$940.44	\$280.43	\$506.69	\$705.33	\$186.96	\$337.79	\$470.22
Employee	\$93.47	\$168.89	\$235.11	\$186.95	\$337.78	\$470.22	\$280.42	\$506.68	\$705.33
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	\$484.31	\$873.98	\$1,216.44	\$363.23	\$655.49	\$912.33	\$242.16	\$436.99	\$608.22
Employee	\$121.07	\$218.49	\$304.11	\$242.15	\$436.98	\$608.22	\$363.22	\$655.48	\$912.33
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	\$290.92	\$575.44	\$811.96	\$218.19	\$431.58	\$608.97	\$145.46	\$287.72	\$405.98
Employee	\$72.73	\$143.86	\$202.99	\$145.46	\$287.72	\$405.98	\$218.19	\$431.58	\$608.97
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	\$240.52	\$473.44	\$667.96	\$180.39	\$355.08	\$500.97	\$120.26	\$236.72	\$333.98
Employee	\$60.13	\$118.36	\$166.99	\$120.26	\$236.72	\$333.98	\$180.39	\$355.08	\$500.97

**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.**