HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units SA (Deputy Sheriff's)

Effective January 1, 2019

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS		
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP Low	\$460.23	\$830.17	\$1,154.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45
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Total	\$467.38	\$844.47	\$1,175.55
Employer	\$303.80	\$548.91	\$764.11
Employee	\$163.58	\$295.56	\$411.44
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO Standard	\$598.23	\$1,078.17	\$1,499.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45
	400-00	4	4
Total	\$605.38	\$1,092.47	\$1,520.55
Employer	\$393.50	\$710.11	\$988.36
Employee	\$211.88	\$382.36	\$532.19
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO Standard	\$356.50	\$705.00	\$993.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45
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Total	\$363.65	\$719.30	\$1,014.95
Employee Employee	\$236.38 \$127.27	\$467.55 \$251.75	\$659.72 \$355.23
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	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO ABHP	\$293.50	\$577.50	\$813.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45
Total	\$300.65	\$591.80	\$834.95
Employer	\$195.43	\$391.80	\$542.72
Employee	\$195.43 \$105.22	\$384.07 \$207.13	\$292.23
Limpioyee	NOTE: Employees receive \$4,108.08 over 24 pay periods in Optional		
	Benefit credits, which can be used to		
	offset employee contributions. (24		
	pay periods at \$171.17 each)		

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.