

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO (Confidential), EL (Elected), UM (Unrepresented Management) & UD (Department Head)

Effective January 1, 2020

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 \$1400 ABHP	\$468.53	\$844.69	\$1,173.90	\$468.53	\$844.69	\$1,173.90	\$468.53	\$844.69	\$1,173.90
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$476.00	\$859.63	\$1,196.31	\$476.00	\$859.63	\$1,196.31	\$476.00	\$859.63	\$1,196.31
Employer	\$326.14	\$589.09	\$819.83	\$244.61	\$441.82	\$614.87	\$163.07	\$294.55	\$409.92
Employee	\$149.86	\$270.54	\$376.48	\$231.39	\$417.81	\$581.44	\$312.93	\$565.08	\$786.39
Blue Shield PPO \$200	\$610.94	\$1,100.63	\$1,529.94	\$610.94	\$1,100.63	\$1,529.94	\$610.94	\$1,100.63	\$1,529.94
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$618.41	\$1,115.57	\$1,552.35	\$618.41	\$1,115.57	\$1,552.35	\$618.41	\$1,115.57	\$1,552.35
Employer	\$427.95	\$772.06	\$1,074.37	\$320.96	\$579.05	\$805.78	\$213.98	\$386.03	\$537.19
Employee	\$190.46	\$343.51	\$477.98	\$297.45	\$536.52	\$746.57	\$404.43	\$729.54	\$1,015.16
Kaiser HMO	\$377.50	\$747.00	\$1,052.50	\$377.50	\$747.00	\$1,052.50	\$377.50	\$747.00	\$1,052.50
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$384.97	\$761.94	\$1,074.91	\$384.97	\$761.94	\$1,074.91	\$384.97	\$761.94	\$1,074.91
Employer	\$274.39	\$540.77	\$761.47	\$205.79	\$405.58	\$571.10	\$137.20	\$270.39	\$380.74
Employee	\$110.58	\$221.17	\$313.44	\$179.18	\$356.36	\$503.81	\$247.77	\$491.55	\$694.17
Kaiser HMO \$1400 ABHP	\$311.00	\$612.00	\$861.50	\$311.00	\$612.00	\$861.50	\$311.00	\$612.00	\$861.50
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$318.47	\$626.94	\$883.91	\$318.47	\$626.94	\$883.91	\$318.47	\$626.94	\$883.91
Employer	\$226.93	\$443.85	\$624.36	\$170.20	\$332.89	\$468.27	\$113.47	\$221.93	\$312.18
Employee	\$91.54	\$183.09	\$259.55	\$148.27	\$294.05	\$415.64	\$205.00	\$405.01	\$571.73
	<i>NOTE: Employees receive \$6,240 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$260 each)</i>			<i>NOTE: Employees receive \$4,680 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$195 each)</i>			<i>NOTE: Employees receive \$3,120 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$130 each)</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.**