

HEALTH PLAN CONTRIBUTION RATES

For employees in Local 1, OE3 and EDCPOA

GE (General), PL (Professional), SU (Supervisory), TC (Trades and Crafts), PR (Probation) & CR (Corrections)

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)		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
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	\$380.80	\$687.71	\$957.05	\$285.60	\$515.78	\$717.79	\$190.40	\$343.86	\$478.53
Employee	\$95.20	\$171.92	\$239.26	\$190.40	\$343.85	\$478.52	\$285.60	\$515.77	\$717.78
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	\$494.73	\$892.46	\$1,241.88	\$371.05	\$669.35	\$931.41	\$247.37	\$446.23	\$620.94
Employee	\$123.68	\$223.11	\$310.47	\$247.36	\$446.22	\$620.94	\$371.04	\$669.34	\$931.41
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	\$307.98	\$609.56	\$859.93	\$230.99	\$457.17	\$644.95	\$153.99	\$304.78	\$429.97
Employee	\$76.99	\$152.38	\$214.98	\$153.98	\$304.77	\$429.96	\$230.98	\$457.16	\$644.94
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	\$254.78	\$501.56	\$707.13	\$191.09	\$376.17	\$530.35	\$127.39	\$250.78	\$353.57
Employee	\$63.69	\$125.38	\$176.78	\$127.38	\$250.77	\$353.56	\$191.08	\$376.16	\$530.34

**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.**