

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining unit

SA (Law Enforcement)

Effective January 1, 2020

Contributions are deducted over 24 pay periods

FULL TIME 64+ HOURS			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1400 ABHP	\$468.53	\$844.69	\$1,173.90
EDC Admin Fee	\$7.47	\$14.94	\$22.41
Total	\$476.00	\$859.63	\$1,196.31
Employer	\$309.40	\$558.76	\$777.61
Employee	\$166.60	\$300.87	\$418.70
Blue Shield PPO \$200	\$610.94	\$1,100.63	\$1,529.94
EDC Admin Fee	\$7.47	\$14.94	\$22.41
Total	\$618.41	\$1,115.57	\$1,552.35
Employer	\$401.97	\$725.13	\$1,009.03
Employee	\$216.44	\$390.44	\$543.32
Kaiser HMO	\$377.50	\$747.00	\$1,052.50
EDC Admin Fee	\$7.47	\$14.94	\$22.41
Total	\$384.97	\$761.94	\$1,074.91
Employer	\$250.24	\$495.27	\$698.70
Employee	\$134.73	\$266.67	\$376.21
Kaiser HMO \$1400 ABHP	\$311.00	\$612.00	\$861.50
EDC Admin Fee	\$7.47	\$14.94	\$22.41
Total	\$318.47	\$626.94	\$883.91
Employer	\$207.01	\$407.52	\$574.55
Employee	\$111.46	\$219.42	\$309.36

NOTE: Employees receive \$4,108 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.