

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

BD (Board of Supervisors), CA (Criminal Attorney), MA (Management), SM (Law Enforcement Sworn Management)

Effective January 1, 2021

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 34 - 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 ABHP Low (\$1400)	\$484.62	\$873.62	\$1,214.12	\$484.62	\$873.62	\$1,214.12	\$484.62	\$873.62	\$1,214.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$492.53	\$889.45	\$1,237.86	\$492.53	\$889.45	\$1,237.86	\$492.53	\$889.45	\$1,237.86
Employer	\$320.15	\$578.15	\$804.61	\$240.11	\$433.61	\$603.46	\$160.08	\$289.08	\$402.31
Employee	\$172.38	\$311.30	\$433.25	\$252.42	\$455.84	\$634.40	\$332.45	\$600.37	\$835.55
Blue Shield PPO Standard (\$200)	\$631.62	\$1,138.12	\$1,582.12	\$631.62	\$1,138.12	\$1,582.12	\$631.62	\$1,138.12	\$1,582.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$639.53	\$1,153.95	\$1,605.86	\$639.53	\$1,153.95	\$1,605.86	\$639.53	\$1,153.95	\$1,605.86
Employer	\$415.70	\$750.07	\$1,043.81	\$311.78	\$562.55	\$782.86	\$207.85	\$375.04	\$521.91
Employee	\$223.83	\$403.88	\$562.05	\$327.75	\$591.40	\$823.00	\$431.68	\$778.91	\$1,083.95
Kaiser HMO Standard	\$403.12	\$798.12	\$1,124.12	\$403.12	\$798.12	\$1,124.12	\$403.12	\$798.12	\$1,124.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$411.03	\$813.95	\$1,147.86	\$411.03	\$813.95	\$1,147.86	\$411.03	\$813.95	\$1,147.86
Employer	\$267.17	\$529.07	\$746.11	\$200.38	\$396.80	\$559.58	\$133.59	\$264.54	\$373.06
Employee	\$143.86	\$284.88	\$401.75	\$210.65	\$417.15	\$588.28	\$277.44	\$549.41	\$774.80
Kaiser HMO ABHP (\$1400)	\$332.12	\$653.62	\$920.12	\$332.12	\$653.62	\$920.12	\$332.12	\$653.62	\$920.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$340.03	\$669.45	\$943.86	\$340.03	\$669.45	\$943.86	\$340.03	\$669.45	\$943.86
Employer	\$221.02	\$435.15	\$613.51	\$165.77	\$326.36	\$460.13	\$110.51	\$217.58	\$306.76
Employee	\$119.01	\$234.30	\$330.35	\$174.26	\$343.09	\$483.73	\$229.52	\$451.87	\$637.10
	NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. BD: \$6,000 (\$250 for 24 pay periods) CA, MA, & SM: \$6,240 (\$260 for 24 pay periods)			NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. BD: \$6,000 (\$250 for 24 pay periods) CA, MA, & SM: \$4,680 (\$195 for 24 pay periods)			NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. BD: \$6,000 (\$250 for 24 pay periods) CA, MA, & SM: \$3,120 (\$130 for 24 pay periods)		

**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.**