

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

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

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 32 - 39 HOURS (PER PAY PERIOD)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
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	\$342.67	\$618.91	\$861.38	\$257.00	\$464.18	\$646.04	\$171.34	\$309.46	\$430.69
Employee	\$149.86	\$270.54	\$376.48	\$235.53	\$425.27	\$591.82	\$321.19	\$579.99	\$807.17
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	\$449.07	\$810.44	\$1,127.88	\$336.80	\$607.83	\$845.91	\$224.54	\$405.22	\$563.94
Employee	\$190.46	\$343.51	\$477.98	\$302.73	\$546.12	\$759.95	\$414.99	\$748.73	\$1,041.92
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	\$300.45	\$592.78	\$834.42	\$225.34	\$444.59	\$625.82	\$150.23	\$296.39	\$417.21
Employee	\$110.58	\$221.17	\$313.44	\$185.69	\$369.36	\$522.04	\$260.80	\$517.56	\$730.65
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	\$248.49	\$486.36	\$684.31	\$186.37	\$364.77	\$513.23	\$124.25	\$243.18	\$342.16
Employee	\$91.54	\$183.09	\$259.55	\$153.66	\$304.68	\$430.63	\$215.78	\$426.27	\$601.70
	<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.**