HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining unit SA (Law Enforcement)

Effective January 1, 2021

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS		
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP Low (\$1400)	\$484.62	\$873.62	\$1,214.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74
Total	\$492.53	\$889.45	\$1,237.86
Employer	\$320.15	\$578.15	\$804.61
Employee	\$172.38	\$311.30	\$433.25
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO Standard (\$200)	\$631.62	\$1,138.12	\$1,582.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74
Total	\$639.53	\$1,153.95	\$1,605.86
Employer	\$415.70	\$750.07	\$1,043.81
Employee	\$223.83	\$403.88	\$562.05
	EE ONLY	EE+1	FAMILY
Kaiser HMO Standard	\$403.12	\$798.12	\$1,124.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74
Total	\$411.03	\$813.95	\$1,147.86
Employer	\$267.17	\$529.07	\$746.11
Employee	\$143.86	\$284.88	\$401.75
	EE ONLY	EE+1	FAMILY
Kaiser HMO ABHP (\$1400)	\$332.12	\$653.62	\$920.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74
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Total	\$340.03	\$669.45	\$943.86
Employer	\$221.02	\$435.15	\$613.51
Employee	\$119.01	\$234.30	\$330.35
	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.