HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining unit

SA (Law Enforcement)

Effective January 1, 2022

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS		
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO Standard (\$200)	\$602.00	\$1,084.50	
EDC Admin Fee	\$8.63	\$17.26	\$25.89
Total	\$610.63	\$1,101.76	\$1,533.89
Employer	\$396.91	\$716.15	\$997.03
Employee	\$213.72	\$385.61	\$536.86
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP Low (\$1400)	\$462.00	\$832.50	\$1,157.00
EDC Admin Fee	\$8.63	\$17.26	\$25.89
Total	\$470.63	\$849.76	\$1,182.89
Employer	\$305.91	\$552.35	\$768.88
Employee	\$164.72	\$297.41	\$414.01
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO Standard	\$404.00	\$799.50	\$1,126.50
EDC Admin Fee	\$8.63	\$17.26	\$25.89
Total	\$412.63	\$816.76	\$1,152.39
Employer	\$268.21	\$530.90	\$749.06
Employee	\$144.42	\$285.86	\$403.33
	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO ABHP (\$1400)	\$333.00	\$655.00	\$922.00
EDC Admin Fee	\$8.63	\$17.26	\$25.89
Total	\$341.63	\$672.26	\$947.89
Employer	\$222.06	\$436.97	\$616.13
Employee	\$119.57	\$235.29	\$331.76
	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.