HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

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

Effective January 1, 2023

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS			PART TIME 40 - 63 HOURS			PART TIME 32 - 39 HOURS			
	(PER PAY PERIOD)			(PER PAY PERIOD)			(PER PAY PERIOD)			
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	
Blue Shield PPO Standard (\$200)	\$655.00	\$1,180.00	\$1,640.50	\$655.00	\$1,180.00	\$1,640.50	\$655.00	\$1,180.00	\$1,640.50	
EDC Admin Fee	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	
Tatal	¢662.64	Ć4 40E 22	¢4 cc2 24	¢662.64	Ć4 40E 22	¢4 cc2 24	¢662.64	ć4 40E 22	¢4 CC2 24	
Total	\$662.61 \$468.54	\$1,195.23 \$845.54	\$1,663.34 \$1,177.45	\$662.61 \$351.41	\$1,195.23 \$634.16	\$1,663.34 \$883.09	\$662.61 \$234.27	\$1,195.23 \$422.77	\$1,663.34 \$588.73	
Employer Employee	\$194.07	\$349.69	\$485.89	\$311.20	\$561.07	\$780.25	\$428.34	\$ 772.46	\$1,074.61	
Limpioyee	\$134.07	3343.03	3403.03	3311.20	\$301.07	\$760.23	3420.34	3772. 4 0	\$1,074.01	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Blue Shield PPO ABHP Low (\$1500)	\$502.50	\$906.00	\$1,259.00	\$502.50	\$906.00	\$1,259.00	\$502.50	\$906.00	\$1,259.00	
EDC Admin Fee	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	
Tatal	¢540.44	ć024.22	ć4 204 04	¢540.44	ć024.22	ć1 201 04	¢540.44	6024.22	ć4 204 04	
Total	\$510.11 \$358.80	\$921.23 \$647.86	\$1,281.84	\$510.11 \$269.10	\$921.23 \$485.90	\$1,281.84 \$676.48	\$510.11 \$179.40	\$921.23 \$323.93	\$1,281.84	
Employer	\$358.80 \$151.31	\$647.86 \$273.37	\$901.97 \$379.87	\$269.10 \$241.01	\$485.90 \$435.33	\$675.48 \$605.36	\$179.40 \$330.71	\$323.93 \$597.30	\$450.99 \$830.85	
Employee	\$151.51	32/3.3 <i>1</i>	33/3.0/	\$241.01	3433.33	\$605.30	333U.71	Ş397.3U	3030.03	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Kaiser HMO Standard	\$439.50	\$870.00	\$1,225.50	\$439.50	\$870.00	\$1,225.50	\$439.50	\$870.00	\$1,225.50	
EDC Admin Fee	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	
Tatal	¢447.44	¢005.33	ć4 240 24	644744	¢005.33	ć1 240 24	644744	¢005.33	¢4 240 24	
Total	\$447.11	\$885.23	\$1,248.34 \$932.28	\$447.11	\$885.23	\$1,248.34	\$447.11	\$885.23	\$1,248.34 \$466.14	
Employer Employee	\$335.78 \$111.33	\$661.80 \$223.43	\$932.28 \$316.06	\$251.84 \$195.27	\$496.35 \$388.88	\$699.21 \$549.13	\$167.89 \$279.22	\$330.90 \$554.33	\$466.14 \$782.20	
Employee	\$111.55	3223. 4 3	3310.00	\$133.27	3300.00	Ş343.13	3219.22	Ş 334.33	\$762.20	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Kaiser HMO ABHP (\$1500)	\$362.50	\$712.50	\$1,003.00	\$362.50	\$712.50	\$1,003.00	\$362.50	\$712.50	\$1,003.00	
EDC Admin Fee	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	
Total	\$370.11	\$727.73	\$1,025.84	\$370.11	\$727.73	\$1.025.84	\$370.11	\$727.73	\$1,025.84	
Employer	\$278.57	\$727.73 \$544.64	\$1,025.84	\$208.93	\$408.48	\$1,025.84	\$139.29	\$727.73	\$1,025.84	
Employee Employee	\$276.57	\$183.09	\$259.55	\$208.93 \$161.18	\$319.25	\$451.12	\$139.29	\$455.41	\$642.69	
Limpioyee	•	•		•	-		•		-	
	NOTE: Employees receive \$6,240 over 24 pay periods in Optional Benefit			NOTE: Employees receive \$4,680 over 24 pay periods in Optional Benefit			NOTE: Employees receive \$3,120 over 24 pay periods in Optional Benefit			
	credits, which can be used to offset				credits, which can be used to offset			credits, which can be used to offset		
	employee contributions. (24 pay				employee contributions. (24 pay			employee contributions. (24 pay		
	periods at \$260 each)			periods at \$195 each)			periods at \$130 each)			
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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.