

# HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

GE (General), PL (Professional), SU (Supervisory), TC (Trades and Crafts), PR (Probation), CR (Corrections)

Effective January 1, 2023

*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
<b>Blue Shield PPO Standard (\$200)</b>	\$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
Total	\$662.61	\$1,195.23	\$1,663.34	\$662.61	\$1,195.23	\$1,663.34	\$662.61	\$1,195.23	\$1,663.34
Employer	\$530.09	\$956.19	\$1,330.68	\$397.57	\$717.14	\$998.01	\$265.05	\$478.10	\$665.34
<b>Employee</b>	<b>\$132.52</b>	<b>\$239.04</b>	<b>\$332.66</b>	<b>\$265.04</b>	<b>\$478.09</b>	<b>\$665.33</b>	<b>\$397.56</b>	<b>\$717.13</b>	<b>\$998.00</b>
<b>Blue Shield PPO ABHP Low (\$1500)</b>	\$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
Total	\$510.11	\$921.23	\$1,281.84	\$510.11	\$921.23	\$1,281.84	\$510.11	\$921.23	\$1,281.84
Employer	\$408.09	\$736.99	\$1,025.48	\$306.07	\$552.74	\$769.11	\$204.05	\$368.50	\$512.74
<b>Employee</b>	<b>\$102.02</b>	<b>\$184.24</b>	<b>\$256.36</b>	<b>\$204.04</b>	<b>\$368.49</b>	<b>\$512.73</b>	<b>\$306.06</b>	<b>\$552.73</b>	<b>\$769.10</b>
<b>Kaiser HMO Standard</b>	\$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
Total	\$447.11	\$885.23	\$1,248.34	\$447.11	\$885.23	\$1,248.34	\$447.11	\$885.23	\$1,248.34
Employer	\$357.69	\$708.19	\$998.68	\$268.27	\$531.14	\$749.01	\$178.85	\$354.10	\$499.34
<b>Employee</b>	<b>\$89.42</b>	<b>\$177.04</b>	<b>\$249.66</b>	<b>\$178.84</b>	<b>\$354.09</b>	<b>\$499.33</b>	<b>\$268.26</b>	<b>\$531.13</b>	<b>\$749.00</b>
<b>Kaiser HMO ABHP (\$1400)</b>	\$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	\$296.09	\$582.19	\$820.68	\$222.07	\$436.64	\$615.51	\$148.05	\$291.10	\$410.34
<b>Employee</b>	<b>\$74.02</b>	<b>\$145.54</b>	<b>\$205.16</b>	<b>\$148.04</b>	<b>\$291.09</b>	<b>\$410.33</b>	<b>\$222.06</b>	<b>\$436.63</b>	<b>\$615.50</b>

**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.**