

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

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

Effective January 1, 2024

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 Standard (\$200)	\$735.00	\$1,324.00	\$1,840.50	\$735.00	\$1,324.00	\$1,840.50	\$735.00	\$1,324.00	\$1,840.50
EDC Admin Fee	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68
Total	\$743.56	\$1,341.12	\$1,866.18	\$743.56	\$1,341.12	\$1,866.18	\$743.56	\$1,341.12	\$1,866.18
Employer	\$518.20	\$935.16	\$1,302.29	\$388.65	\$701.37	\$976.72	\$259.10	\$467.58	\$651.15
Employee	\$225.36	\$405.96	\$563.89	\$354.91	\$639.75	\$889.46	\$484.46	\$873.54	\$1,215.03
Blue Shield PPO ABHP Low (\$1600)	\$564.00	\$1,016.50	\$1,412.50	\$564.00	\$1,016.50	\$1,412.50	\$564.00	\$1,016.50	\$1,412.50
EDC Admin Fee	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68
Total	\$572.56	\$1,033.62	\$1,438.18	\$572.56	\$1,033.62	\$1,438.18	\$572.56	\$1,033.62	\$1,438.18
Employer	\$397.87	\$718.49	\$1,000.35	\$298.40	\$538.87	\$750.26	\$198.94	\$359.25	\$500.18
Employee	\$174.69	\$315.13	\$437.83	\$274.16	\$494.75	\$687.92	\$373.62	\$674.37	\$938.00
Kaiser HMO Standard	\$493.00	\$976.00	\$1,375.00	\$493.00	\$976.00	\$1,375.00	\$493.00	\$976.00	\$1,375.00
EDC Admin Fee	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68
Total	\$501.56	\$993.12	\$1,400.68	\$501.56	\$993.12	\$1,400.68	\$501.56	\$993.12	\$1,400.68
Employer	\$370.53	\$729.95	\$1,028.33	\$277.90	\$547.46	\$771.25	\$185.27	\$364.98	\$514.17
Employee	\$131.03	\$263.17	\$372.35	\$223.66	\$445.66	\$629.43	\$316.29	\$628.14	\$886.51
Kaiser HMO ABHP (\$1600)	\$406.50	\$799.50	\$1,125.50	\$406.50	\$799.50	\$1,125.50	\$406.50	\$799.50	\$1,125.50
EDC Admin Fee	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68
Total	\$415.06	\$816.62	\$1,151.18	\$415.06	\$816.62	\$1,151.18	\$415.06	\$816.62	\$1,151.18
Employer	\$308.00	\$601.84	\$846.88	\$231.00	\$451.38	\$635.16	\$154.00	\$300.92	\$423.44
Employee	\$107.06	\$214.78	\$304.30	\$184.06	\$365.24	\$516.02	\$261.06	\$515.70	\$727.74
	<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.**