

HEALTH PLAN CONTRIBUTION RATES

For employees in OE3 Health Trust Plans

(CR and TC bargaining units only)

EFFECTIVE PP 24-2023

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)		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Plan A (Blue Cross/ Comprehensive)	\$578.50	\$1,157.00	\$1,562.00	\$578.50	\$1,157.00	\$1,562.00	\$578.50	\$1,157.00	\$1,562.00
Total	\$578.50	\$1,157.00	\$1,562.00	\$578.50	\$1,157.00	\$1,562.00	\$578.50	\$1,157.00	\$1,562.00
Employer	\$578.50	\$1,110.70	\$1,546.23	\$461.74	\$833.03	\$1,159.67	\$307.83	\$555.35	\$773.12
Employee	\$0.00	\$46.30	\$15.77	\$116.76	\$323.97	\$402.33	\$270.67	\$601.65	\$788.88
Plan B (Kaiser)	\$544.50	\$1,089.50	\$1,421.00	\$544.50	\$1,089.50	\$1,421.00	\$544.50	\$1,089.50	\$1,421.00
Total	\$544.50	\$1,089.50	\$1,421.00	\$544.50	\$1,089.50	\$1,421.00	\$544.50	\$1,089.50	\$1,421.00
Employer	\$422.05	\$832.30	\$1,173.83	\$316.54	\$624.23	\$880.37	\$211.03	\$416.15	\$586.92
Employee	\$122.45	\$257.20	\$247.17	\$227.96	\$465.27	\$540.63	\$333.47	\$673.35	\$834.08