HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO, EL, SM, UM & UD

Effective January 1, 2016

Contributions are deducted over 24 pay periods

FULL TIME 64+ HOURS (PER PAY PERIOD)					
	EE ONLY	EE+1	FAMILY		
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99		
EDC Admin Fee	\$10.55	\$21.11	\$31.66		
Tabel	ć452.40	6047.24	Ć4 420 CE		
Total	\$452.18	\$817.34	\$1,138.65		
Employer	\$302.32	\$546.80	\$762.17		
Employee	\$149.86	\$270.54	\$376.48		
	EE ONLY	<u>EE+1</u>	FAMILY		
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49		
EDC Admin Fee	\$10.55	\$21.11	\$31.66		
Total	\$585.18	\$1,056.84	\$1,471.15		
Employer	\$394.72	\$713.33	\$993.17		
Employee	\$190.46	\$343.51	\$477.98		
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
Kaiser HMO	EE ONLY \$307.75	<u>EE+1</u> \$615.50	FAMILY \$870.94		
Kaiser HMO EDC Admin Fee					
EDC Admin Fee	\$307.75 \$10.55	\$615.50 \$21.11	\$870.94 \$31.66		
EDC Admin Fee Total	\$307.75 \$10.55 \$318.30	\$615.50 \$21.11 \$636.61	\$870.94 \$31.66 \$902.60		
EDC Admin Fee Total Employer	\$307.75 \$10.55 \$318.30 \$206.90	\$615.50 \$21.11 \$636.61 \$413.79	\$870.94 \$31.66 \$902.60 \$586.69		
EDC Admin Fee Total	\$307.75 \$10.55 \$318.30	\$615.50 \$21.11 \$636.61	\$870.94 \$31.66 \$902.60		
EDC Admin Fee Total Employer	\$307.75 \$10.55 \$318.30 \$206.90	\$615.50 \$21.11 \$636.61 \$413.79	\$870.94 \$31.66 \$902.60 \$586.69		
EDC Admin Fee Total Employer	\$307.75 \$10.55 \$318.30 \$206.90 \$111.41	\$615.50 \$21.11 \$636.61 \$413.79 \$222.81	\$870.94 \$31.66 \$902.60 \$586.69 \$315.91		
EDC Admin Fee Total Employer Employee	\$307.75 \$10.55 \$318.30 \$206.90 \$111.41 EE ONLY	\$615.50 \$21.11 \$636.61 \$413.79 \$222.81 <u>EE+1</u>	\$870.94 \$31.66 \$902.60 \$586.69 \$315.91 FAMILY		
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee	\$307.75 \$10.55 \$318.30 \$206.90 \$111.41 EE ONLY \$253.35 \$10.55	\$615.50 \$21.11 \$636.61 \$413.79 \$222.81 <u>EE+1</u> \$506.70 \$21.11	\$870.94 \$31.66 \$902.60 \$586.69 \$315.91 FAMILY \$716.97 \$31.66		
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee Total	\$307.75 \$10.55 \$318.30 \$206.90 \$111.41 EE ONLY \$253.35 \$10.55 \$263.90	\$615.50 \$21.11 \$636.61 \$413.79 \$222.81 EE+1 \$506.70 \$21.11 \$527.81	\$870.94 \$31.66 \$902.60 \$586.69 \$315.91 FAMILY \$716.97 \$31.66 \$748.63		
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee Total Employer	\$307.75 \$10.55 \$318.30 \$206.90 \$111.41 EE ONLY \$253.35 \$10.55 \$263.90 \$171.54	\$615.50 \$21.11 \$636.61 \$413.79 \$222.81 EE+1 \$506.70 \$21.11 \$527.81 \$343.07	\$870.94 \$31.66 \$902.60 \$586.69 \$315.91 FAMILY \$716.97 \$31.66 \$748.63 \$486.61		
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee Total	\$307.75 \$10.55 \$318.30 \$206.90 \$111.41 EE ONLY \$253.35 \$10.55 \$263.90 \$171.54 \$92.37	\$615.50 \$21.11 \$636.61 \$413.79 \$222.81 EE+1 \$506.70 \$21.11 \$527.81 \$343.07 \$184.73	\$870.94 \$31.66 \$902.60 \$586.69 \$315.91 FAMILY \$716.97 \$31.66 \$748.63 \$486.61 \$262.02		

NOTE: Employees receive \$6,000 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$250 each)

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.

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO, EL, SM, UM & UD

Effective January 1, 2016

Contributions are deducted over 24 pay periods

PART TIME 40 - 63 H	OURS (PE	R PAY PE	RIOD)
	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$226.74	\$410.10	\$571.62
Employee	\$225.44	\$407.24	\$567.02
	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$296.04	\$534.99	\$744.87
Employee	\$289.14	\$521.84	\$726.27
	EE ONLY	EE+1	FAMILY
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	ć240.20	4	4000.00
1	\$318.30	\$636.61	\$902.60
Employer	\$318.30	\$636.61 \$310.34	\$902.60 \$440.02
	•	•	•
Employer	\$155.17	\$310.34	\$440.02
Employer	\$155.17 \$163.13	\$310.34 \$326.26	\$440.02 \$462.58
Employer Employee	\$155.17 \$163.13 EE ONLY	\$310.34 \$326.26 <u>EE+1</u>	\$440.02 \$462.58 FAMILY
Employer Employee Kaiser HMO \$1300 ABHP	\$155.17 \$163.13 EE ONLY \$253.35	\$310.34 \$326.26 <u>EE+1</u> \$506.70	\$440.02 \$462.58 FAMILY \$716.97
Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee	\$155.17 \$163.13 EE ONLY \$253.35 \$10.55	\$310.34 \$326.26 <u>EE+1</u> \$506.70 \$21.11	\$440.02 \$462.58 FAMILY \$716.97 \$31.66

NOTE: Employees receive \$4,500 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$188 each)

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.

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO, EL, SM, UM & UD

Effective January 1, 2016

Contributions are deducted over 24 pay periods

PART TIME 32 - 39 HOURS (PER PAY PERIOD)					
	EE ONLY	EE+1	FAMILY		
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99		
EDC Admin Fee	\$10.55	\$21.11	\$31.66		
Total	\$452.18	\$817.34	\$1,138.65		
Employer	\$151.16	\$273.40	\$381.08		
Employee	\$301.02	\$543.94	\$757.56		
	EE ONLY	EE+1	FAMILY		
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49		
EDC Admin Fee	\$10.55	\$21.11	\$31.66		
Total	\$585.18	\$1,056.84	\$1,471.15		
Employer	\$197.36	\$356.66	\$496.58		
Employee	\$387.82	\$700.17	\$974.56		
	EE ONLY	<u>EE+1</u>	FAMILY		
Kaiser HMO	\$307.75	\$615.50	\$870.94		
EDC Admin Fee	\$10.55	\$21.11	\$31.66		
Total	\$318.30	\$636.61	\$902.60		
Employer	\$103.45	\$206.90	\$293.34		
Employee	\$214.85	\$429.71	\$609.25		
	EE ONLY	<u>EE+1</u>	FAMILY		
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97		
EDC Admin Fee	\$10.55	\$21.11	\$31.66		
Total	\$263.90	\$527.81	\$748.63		
Total Employer	\$263.90 \$85.77	\$527.81 \$171.54	\$748.63 \$243.30 \$505.32		

NOTE: Employees receive \$3,000 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$125 each)

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.