

# HEALTH PLAN CONTRIBUTION RATES

## For employees in bargaining units CA, CC & MA

Effective January 1, 2016

*Contributions are deducted over 24 pay periods*

<b>FULL TIME 64+ HOURS (PER PAY PERIOD)</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$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	\$293.92	\$531.27	\$740.12
<b>Employee</b>	<b>\$158.26</b>	<b>\$286.07</b>	<b>\$398.53</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$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	\$380.37	\$686.94	\$956.24
<b>Employee</b>	<b>\$204.81</b>	<b>\$369.89</b>	<b>\$514.90</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$318.30	\$636.61	\$902.60
Employer	\$206.90	\$413.79	\$586.69
<b>Employee</b>	<b>\$111.41</b>	<b>\$222.81</b>	<b>\$315.91</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$171.54	\$343.07	\$486.61
<b>Employee</b>	<b>\$92.37</b>	<b>\$184.73</b>	<b>\$262.02</b>
<i>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)</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.**

# HEALTH PLAN CONTRIBUTION RATES

## For employees in bargaining units CA, CC & MA

Effective January 1, 2016

*Contributions are deducted over 24 pay periods*

<b>PART TIME 40 - 63 HOURS (PER PAY PERIOD)</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$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	\$220.44	\$398.45	\$555.09
<b>Employee</b>	<b>\$231.74</b>	<b>\$418.88</b>	<b>\$583.56</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$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	\$285.28	\$515.21	\$717.18
<b>Employee</b>	<b>\$299.90</b>	<b>\$541.63</b>	<b>\$753.96</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$318.30	\$636.61	\$902.60
Employer	\$155.17	\$310.34	\$440.02
<b>Employee</b>	<b>\$163.13</b>	<b>\$326.26</b>	<b>\$462.58</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$128.65	\$257.30	\$364.95
<b>Employee</b>	<b>\$135.25</b>	<b>\$270.50</b>	<b>\$383.67</b>
<i>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)</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.**

# HEALTH PLAN CONTRIBUTION RATES

## For employees in bargaining units CA, CC & MA

Effective January 1, 2016

*Contributions are deducted over 24 pay periods*

<b>PART TIME 32 - 39 HOURS (PER PAY PERIOD)</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$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	\$146.96	\$265.63	\$370.06
<b>Employee</b>	<b>\$305.22</b>	<b>\$551.70</b>	<b>\$768.59</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$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	\$190.18	\$343.47	\$478.12
<b>Employee</b>	<b>\$395.00</b>	<b>\$713.36</b>	<b>\$993.02</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$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
<b>Employee</b>	<b>\$214.85</b>	<b>\$429.71</b>	<b>\$609.25</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$85.77	\$171.54	\$243.30
<b>Employee</b>	<b>\$178.13</b>	<b>\$356.27</b>	<b>\$505.32</b>
<i>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)</i>			

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VISION AND DENTAL PLANS. PLEASE SEE THE DENTAL AND VISION  
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