

HEALTH PLAN CONTRIBUTION RATES

For employees in OE3 Health Trust Plans

(CR and TC bargaining units only)

EFFECTIVE PP 24-2024

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)		
	<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)	\$619.00	\$1,238.00	\$1,671.50	\$619.00	\$1,238.00	\$1,671.50	\$619.00	\$1,238.00	\$1,671.50
Total	\$619.00	\$1,238.00	\$1,671.50	\$619.00	\$1,238.00	\$1,671.50	\$619.00	\$1,238.00	\$1,671.50
Employer	\$619.00	\$1,174.82	\$1,635.14	\$488.51	\$881.12	\$1,226.36	\$325.67	\$587.41	\$817.57
Employee	\$0.00	\$63.18	\$36.36	\$130.49	\$356.88	\$445.14	\$293.33	\$650.59	\$853.93
Plan B (Kaiser)	\$583.00	\$1,165.50	\$1,520.50	\$583.00	\$1,165.50	\$1,520.50	\$583.00	\$1,165.50	\$1,520.50
Total	\$583.00	\$1,165.50	\$1,520.50	\$583.00	\$1,165.50	\$1,520.50	\$583.00	\$1,165.50	\$1,520.50
Employer	\$445.74	\$879.22	\$1,239.54	\$334.31	\$659.42	\$929.66	\$222.87	\$439.61	\$619.77
Employee	\$137.26	\$286.28	\$280.96	\$248.69	\$506.08	\$590.84	\$360.13	\$725.89	\$900.73