

# HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining unit

SA (Law Enforcement)

Effective January 1, 2025

*Contributions are deducted over 24 pay periods*

	FULL TIME 64+ HOURS		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO Standard (\$200)</b>	\$780.50	\$1,406.00	\$1,954.50
EDC Admin Fee	\$7.59	\$15.19	\$22.79
Total	\$788.09	\$1,421.19	\$1,977.29
Employer	\$512.26	\$923.78	\$1,285.24
<b>Employee</b>	<b>\$275.83</b>	<b>\$497.41</b>	<b>\$692.05</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO ABHP Low (\$1650)</b>	\$599.00	\$1,079.50	\$1,500.00
EDC Admin Fee	\$7.59	\$15.19	\$22.79
Total	\$606.59	\$1,094.69	\$1,522.79
Employer	\$394.29	\$711.55	\$989.82
<b>Employee</b>	<b>\$212.30</b>	<b>\$383.14</b>	<b>\$532.97</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO Standard</b>	\$523.50	\$1,036.50	\$1,460.00
EDC Admin Fee	\$7.59	\$15.19	\$22.79
Total	\$531.09	\$1,051.69	\$1,482.79
Employer	\$345.21	\$683.60	\$963.82
<b>Employee</b>	<b>\$185.88</b>	<b>\$368.09</b>	<b>\$518.97</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO ABHP (\$1650)</b>	\$431.50	\$849.00	\$1,195.00
EDC Admin Fee	\$7.59	\$15.19	\$22.79
Total	\$439.09	\$864.19	\$1,217.79
Employer	\$285.41	\$561.73	\$791.57
<b>Employee</b>	<b>\$153.68</b>	<b>\$302.46</b>	<b>\$426.22</b>
<i>NOTE: Employees receive \$4,108 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$171.17 each)</i>			

**THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.**