

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO (Confidential), EL (Elected), UM (Unrepresented Management) & UD (Department Head)

Effective January 1, 2026

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)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Blue Shield PPO Standard (\$200)	\$889.00	\$1,601.50	\$2,226.00	\$889.00	\$1,601.50	\$2,226.00	\$889.00	\$1,601.50	\$2,226.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34
Total	\$895.78	\$1,615.06	\$2,246.34	\$895.78	\$1,615.06	\$2,246.34	\$895.78	\$1,615.06	\$2,246.34
Employer	\$615.96	\$1,111.20	\$1,546.84	\$461.97	\$833.40	\$1,160.13	\$307.98	\$555.60	\$773.42
Employee	\$279.82	\$503.86	\$699.50	\$433.81	\$781.66	\$1,086.21	\$587.80	\$1,059.46	\$1,472.92
Blue Shield PPO ABHP Low (\$1700)	\$682.00	\$1,229.50	\$1,708.50	\$682.00	\$1,229.50	\$1,708.50	\$682.00	\$1,229.50	\$1,708.50
EDC Admin Fee	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34
Total	\$688.78	\$1,243.06	\$1,728.84	\$688.78	\$1,243.06	\$1,728.84	\$688.78	\$1,243.06	\$1,728.84
Employer	\$473.18	\$853.95	\$1,188.30	\$354.89	\$640.46	\$891.23	\$236.59	\$426.98	\$594.15
Employee	\$215.60	\$389.11	\$540.54	\$333.89	\$602.60	\$837.61	\$452.19	\$816.08	\$1,134.69
Kaiser HMO Standard	\$596.00	\$1,180.50	\$1,663.00	\$596.00	\$1,180.50	\$1,663.00	\$596.00	\$1,180.50	\$1,663.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34
Total	\$602.78	\$1,194.06	\$1,683.34	\$602.78	\$1,194.06	\$1,683.34	\$602.78	\$1,194.06	\$1,683.34
Employer	\$436.34	\$860.07	\$1,211.13	\$327.26	\$645.05	\$908.35	\$218.17	\$430.04	\$605.57
Employee	\$166.44	\$333.99	\$472.21	\$275.52	\$549.01	\$774.99	\$384.61	\$764.02	\$1,077.77
Kaiser HMO ABHP (\$1700)	\$491.50	\$967.00	\$1,361.00	\$491.50	\$967.00	\$1,361.00	\$491.50	\$967.00	\$1,361.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34
Total	\$498.28	\$980.56	\$1,381.34	\$498.28	\$980.56	\$1,381.34	\$498.28	\$980.56	\$1,381.34
Employer	\$362.17	\$708.55	\$996.67	\$271.63	\$531.41	\$747.50	\$181.09	\$354.28	\$498.34
Employee	\$136.11	\$272.01	\$384.67	\$226.65	\$449.15	\$633.84	\$317.19	\$626.28	\$883.00
	NOTE: Employees receive \$6,240 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$260 each)			NOTE: Employees receive \$4,680 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$195 each)			NOTE: Employees receive \$3,120 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$130 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.