

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

GE (General), PL (Professional), SU (Supervisory), TC (Trades and Crafts), PR (Probation), CR (Corrections)

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)									
EDC Admin Fee	\$889.00	\$1,601.50	\$2,226.00	\$889.00	\$1,601.50	\$2,226.00	\$889.00	\$1,601.50	\$2,226.00
	\$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	\$716.63	\$1,292.05	\$1,797.08	\$537.47	\$969.04	\$1,347.81	\$358.32	\$646.03	\$898.54
Employee	\$179.15	\$323.01	\$449.26	\$358.31	\$646.02	\$898.53	\$537.46	\$969.03	\$1,347.80
Blue Shield PPO ABHP Low (\$1700)									
EDC Admin Fee	\$682.00	\$1,229.50	\$1,708.50	\$682.00	\$1,229.50	\$1,708.50	\$682.00	\$1,229.50	\$1,708.50
	\$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	\$551.03	\$994.45	\$1,383.08	\$413.27	\$745.84	\$1,037.31	\$275.52	\$497.23	\$691.54
Employee	\$137.75	\$248.61	\$345.76	\$275.51	\$497.22	\$691.53	\$413.26	\$745.83	\$1,037.30
Kaiser HMO Standard									
EDC Admin Fee	\$596.00	\$1,180.50	\$1,663.00	\$596.00	\$1,180.50	\$1,663.00	\$596.00	\$1,180.50	\$1,663.00
	\$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	\$482.23	\$955.25	\$1,346.68	\$361.67	\$716.44	\$1,010.01	\$241.12	\$477.63	\$673.34
Employee	\$120.55	\$238.81	\$336.66	\$241.11	\$477.62	\$673.33	\$361.66	\$716.43	\$1,010.00
Kaiser HMO ABHP (\$1700)									
EDC Admin Fee	\$491.50	\$967.00	\$1,361.00	\$491.50	\$967.00	\$1,361.00	\$491.50	\$967.00	\$1,361.00
	\$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	\$398.63	\$784.45	\$1,105.08	\$298.97	\$588.34	\$828.81	\$199.32	\$392.23	\$552.54
Employee	\$99.65	\$196.11	\$276.26	\$199.31	\$392.22	\$552.53	\$298.96	\$588.33	\$828.80

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.