

# HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining unit

SA (Law Enforcement)

Effective January 1, 2026

*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>	\$889.00	\$1,601.50	\$2,226.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34
Total	\$895.78	\$1,615.06	\$2,246.34
Employer	\$582.26	\$1,049.79	\$1,460.13
<b>Employee</b>	<b>\$313.52</b>	<b>\$565.27</b>	<b>\$786.21</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO ABHP Low (\$1700)</b>	\$682.00	\$1,229.50	\$1,708.50
EDC Admin Fee	\$6.78	\$13.56	\$20.34
Total	\$688.78	\$1,243.06	\$1,728.84
Employer	\$447.71	\$807.99	\$1,123.75
<b>Employee</b>	<b>\$241.07</b>	<b>\$435.07</b>	<b>\$605.09</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO Standard</b>	\$596.00	\$1,180.50	\$1,663.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34
Total	\$602.78	\$1,194.06	\$1,683.34
Employer	\$391.81	\$776.14	\$1,094.18
<b>Employee</b>	<b>\$210.97</b>	<b>\$417.92</b>	<b>\$589.16</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO ABHP (\$1700)</b>	\$491.50	\$967.00	\$1,361.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34
Total	\$498.28	\$980.56	\$1,381.34
Employer	\$323.89	\$637.37	\$897.88
<b>Employee</b>	<b>\$174.39</b>	<b>\$343.19</b>	<b>\$483.46</b>
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)			

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