

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

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

Effective January 1, 2022

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)	\$602.00	\$1,084.50	\$1,508.00	\$602.00	\$1,084.50	\$1,508.00	\$602.00	\$1,084.50	\$1,508.00
EDC Admin Fee	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89
Total	\$610.63	\$1,101.76	\$1,533.89	\$610.63	\$1,101.76	\$1,533.89	\$610.63	\$1,101.76	\$1,533.89
Employer	\$420.17	\$758.25	\$1,055.91	\$315.13	\$568.69	\$791.93	\$210.09	\$379.13	\$527.96
Employee	\$190.46	\$343.51	\$477.98	\$295.50	\$533.07	\$741.96	\$400.54	\$722.63	\$1,005.93
Blue Shield PPO ABHP Low (\$1400)	\$462.00	\$832.50	\$1,157.00	\$462.00	\$832.50	\$1,157.00	\$462.00	\$832.50	\$1,157.00
EDC Admin Fee	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89
Total	\$470.63	\$849.76	\$1,182.89	\$470.63	\$849.76	\$1,182.89	\$470.63	\$849.76	\$1,182.89
Employer	\$320.77	\$579.22	\$806.41	\$240.58	\$434.42	\$604.81	\$160.39	\$289.61	\$403.21
Employee	\$149.86	\$270.54	\$376.48	\$230.05	\$415.34	\$578.08	\$310.24	\$560.15	\$779.68
Kaiser HMO Standard	\$404.00	\$799.50	\$1,126.50	\$404.00	\$799.50	\$1,126.50	\$404.00	\$799.50	\$1,126.50
EDC Admin Fee	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89
Total	\$412.63	\$816.76	\$1,152.39	\$412.63	\$816.76	\$1,152.39	\$412.63	\$816.76	\$1,152.39
Employer	\$302.05	\$595.59	\$838.95	\$226.54	\$446.69	\$629.21	\$151.03	\$297.80	\$419.48
Employee	\$110.58	\$221.17	\$313.44	\$186.09	\$370.07	\$523.18	\$261.60	\$518.96	\$732.91
Kaiser HMO ABHP (\$1400)	\$333.00	\$655.00	\$922.00	\$333.00	\$655.00	\$922.00	\$333.00	\$655.00	\$922.00
EDC Admin Fee	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89
Total	\$341.63	\$672.26	\$947.89	\$341.63	\$672.26	\$947.89	\$341.63	\$672.26	\$947.89
Employer	\$250.09	\$489.17	\$688.34	\$187.57	\$366.88	\$516.26	\$125.05	\$244.59	\$344.17
Employee	\$91.54	\$183.09	\$259.55	\$154.06	\$305.38	\$431.63	\$216.58	\$427.67	\$603.72
	<i>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)</i>			<i>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)</i>			<i>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)</i>		

**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.**

NOTE: These rates are provided for informational purposes and shall be considered draft until adopted by the Board of Supervisors.