

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

BD (Board of Supervisors), CA (Criminal Attorney), MA (Management) & SM (Law Enforcement Sworn Management)

Effective January 1, 2020

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 \$1400 ABHP	\$468.53	\$844.69	\$1,173.90	\$468.53	\$844.69	\$1,173.90	\$468.53	\$844.69	\$1,173.90
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$476.00	\$859.63	\$1,196.31	\$476.00	\$859.63	\$1,196.31	\$476.00	\$859.63	\$1,196.31
Employer	\$309.40	\$558.76	\$777.61	\$232.05	\$419.07	\$583.21	\$154.70	\$279.38	\$388.81
Employee	\$166.60	\$300.87	\$418.70	\$243.95	\$440.56	\$613.10	\$321.30	\$580.25	\$807.50
Blue Shield PPO \$200	\$610.94	\$1,100.63	\$1,529.94	\$610.94	\$1,100.63	\$1,529.94	\$610.94	\$1,100.63	\$1,529.94
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$618.41	\$1,115.57	\$1,552.35	\$618.41	\$1,115.57	\$1,552.35	\$618.41	\$1,115.57	\$1,552.35
Employer	\$401.97	\$725.13	\$1,009.03	\$301.48	\$543.85	\$756.77	\$200.99	\$362.57	\$504.52
Employee	\$216.44	\$390.44	\$543.32	\$316.93	\$571.72	\$795.58	\$417.42	\$753.00	\$1,047.83
Kaiser HMO	\$377.50	\$747.00	\$1,052.50	\$377.50	\$747.00	\$1,052.50	\$377.50	\$747.00	\$1,052.50
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$384.97	\$761.94	\$1,074.91	\$384.97	\$761.94	\$1,074.91	\$384.97	\$761.94	\$1,074.91
Employer	\$250.24	\$495.27	\$698.70	\$187.68	\$371.45	\$524.03	\$125.12	\$247.64	\$349.35
Employee	\$134.73	\$266.67	\$376.21	\$197.29	\$390.49	\$550.88	\$259.85	\$514.30	\$725.56
Kaiser HMO \$1400 ABHP	\$311.00	\$612.00	\$861.50	\$311.00	\$612.00	\$861.50	\$311.00	\$612.00	\$861.50
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$318.47	\$626.94	\$883.91	\$318.47	\$626.94	\$883.91	\$318.47	\$626.94	\$883.91
Employer	\$207.01	\$407.52	\$574.55	\$155.26	\$305.64	\$430.91	\$103.51	\$203.76	\$287.28
Employee	\$111.46	\$219.42	\$309.36	\$163.21	\$321.30	\$453.00	\$214.96	\$423.18	\$596.63

*NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions.
BD: \$6,000 (\$250 for 24 pay periods)
CC, MA, & SM: \$6,240 (\$260 for 24 pay periods)*

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**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.**