

HEALTH PLAN CONTRIBUTION RATES

For employees in OE3 Health Trust Plans

(CR and TC bargaining units only)

CR EFFECTIVE PP24-2020 - T&C EFFECTIVE PP26-2020

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)		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Plan A (Blue Cross/ Comprehensive)	\$444.50	\$888.50	\$1,200.00	\$444.50	\$888.50	\$1,200.00	\$444.50	\$888.50	\$1,200.00
Total	\$444.50	\$888.50	\$1,200.00	\$444.50	\$888.50	\$1,200.00	\$444.50	\$888.50	\$1,200.00
Employer	\$444.50	\$888.50	\$1,200.00	\$400.09	\$722.08	\$1,005.32	\$266.74	\$481.39	\$670.22
Employee	\$0.00	\$0.00	\$0.00	\$44.41	\$166.42	\$194.68	\$177.76	\$407.11	\$529.78
Plan B (Kaiser)	\$476.00	\$952.00	\$1,241.50	\$476.00	\$952.00	\$1,241.50	\$476.00	\$952.00	\$1,241.50
Total	\$476.00	\$952.00	\$1,241.50	\$476.00	\$952.00	\$1,241.50	\$476.00	\$952.00	\$1,241.50
Employer	\$350.66	\$690.77	\$974.02	\$262.99	\$518.08	\$730.52	\$175.34	\$345.39	\$487.02
Employee	\$125.34	\$261.23	\$267.48	\$213.01	\$433.92	\$510.98	\$300.66	\$606.61	\$754.48