

HEALTH PLAN CONTRIBUTION RATES RETIREES

Effective January 1, 2024- December 31, 2024

Monthly Rates and Contributions

EARLY RETIREES (PRE 65 NO MEDICARE)			
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,470.00	\$2,648.00	\$3,681.00
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
Total	\$1,491.62	\$2,691.23	\$3,746.83
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
Blue Shield PPO \$1600 ABHP	\$1,128.00	\$2,033.00	\$2,825.00
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
Total	\$1,149.62	\$2,076.23	\$2,890.83
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$1,014.00	\$1,831.00	\$2,542.00
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
Total	\$1,035.62	\$1,874.23	\$2,607.83
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
Kaiser HMO	\$986.00	\$1,952.00	\$2,750.00
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
Total	\$1,007.62	\$1,995.23	\$2,815.83
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
Kaiser HMO \$1600 ABHP	\$813.00	\$1,599.00	\$2,251.00
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
Total	\$834.62	\$1,642.23	\$2,316.83

MEDICARE RETIREES (ENROLLED IN PARTS A&B)					
<u>1 IN A&B (per enrolled member)</u>					
UHC Advantage PPO	\$465.00				
EDC Admin Fee	\$17.12				
BCC Fee (for non-PRISM plan)	\$7.00				
Total	\$489.12				
	<u>SINGLE</u>	<u>2 PARTY</u>		<u>FAMILY</u>	
	<u>1 IN A&B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&B</u>	<u>1 IN 2 OUT</u>	<u>2 IN 1 OUT</u>
Kaiser Senior Advantage	\$442.00	\$1,428.00	\$868.00	\$2,206.00	\$1,666.00
EDC Admin Fee	\$17.12	\$34.25	\$34.25	\$51.37	\$51.37
Total	\$459.12	\$1,462.25	\$902.25	\$2,257.37	\$1,717.37

RETIREE HEALTH CONTRIBUTION (RHC)			
<u>YEARS OF SERVICE</u>	<u>LEVEL</u>	<u>PRE 65</u>	<u>65+</u>
12 THRU 14	LEVEL 1	\$442.41	\$153.53
15 THRU 19	LEVEL 2	\$670.31	\$232.62
20 +	LEVEL 3	\$898.22	\$311.71
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$1,340.63	\$465.24

*The 4-Year option is only available to Local 1 members with 20+ years of service and must have been elected at the time of retirement.

OPTIONAL DENTAL COVERAGE*			
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75

*If you previously dropped dental coverage, you cannot reenroll.

OPTIONAL MEDICARE VISION COVERAGE*			
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
VSP Choice	\$4.50	\$8.98	\$14.46

*Medicare Retirees have the option of purchasing VSP at the time of initial enrollment only. If dropped, it cannot be reinstated.

KAISER NOTE : Special rates		
	<u>KAISER HMO</u>	<u>KAISER HMO \$1600 ABHP</u>
Unassigned Medicare 65+ Missing A&B, or Have B Only	\$2,566.00	\$2,806.00
VSP Choice	\$4.50	\$4.50
EDC Admin Fee	\$17.12	\$17.12
Total	\$2,587.62	\$2,827.62
Unassigned Medicare 65+ Missing B Only	\$2,031.00	\$2,270.00
VSP Choice	\$4.50	\$4.50
EDC Admin Fee	\$17.12	\$17.12
Total	\$2,052.62	\$2,291.62

ACA COMPLIANT PLAN*

Effective January 1, 2024

Contributions are deducted over 24 pay periods

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP High (\$2000)	\$507.00	\$915.50	\$1,271.00
EDC Admin Fee	\$8.56	\$17.12	\$25.68
Total	\$515.56	\$932.62	\$1,296.68
Employer	\$479.06	\$479.06	\$479.06
Employee	\$36.50	\$453.56	\$817.62

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.

**THIS IS A COUNTY SPONSORED HEALTH PLAN THAT MEETS BOTH THE MINIMUM ESSENTIAL COVERAGE (MEC) AND AFFORDABILITY REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA)*

HEALTH PLAN CONTRIBUTION RATES

For employees in OE3 Health Trust Plans

(CR and TC bargaining units only)

EFFECTIVE PP 24-2023

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)	\$578.50	\$1,157.00	\$1,562.00	\$578.50	\$1,157.00	\$1,562.00	\$578.50	\$1,157.00	\$1,562.00
Total	\$578.50	\$1,157.00	\$1,562.00	\$578.50	\$1,157.00	\$1,562.00	\$578.50	\$1,157.00	\$1,562.00
Employer	\$578.50	\$1,110.70	\$1,546.23	\$461.74	\$833.03	\$1,159.67	\$307.83	\$555.35	\$773.12
Employee	\$0.00	\$46.30	\$15.77	\$116.76	\$323.97	\$402.33	\$270.67	\$601.65	\$788.88
Plan B (Kaiser)	\$544.50	\$1,089.50	\$1,421.00	\$544.50	\$1,089.50	\$1,421.00	\$544.50	\$1,089.50	\$1,421.00
Total	\$544.50	\$1,089.50	\$1,421.00	\$544.50	\$1,089.50	\$1,421.00	\$544.50	\$1,089.50	\$1,421.00
Employer	\$422.05	\$832.30	\$1,173.83	\$316.54	\$624.23	\$880.37	\$211.03	\$416.15	\$586.92
Employee	\$122.45	\$257.20	\$247.17	\$227.96	\$465.27	\$540.63	\$333.47	\$673.35	\$834.08