HEALTH PLAN CONTRIBUTION RATES

For employees in OE3 Health Trust Plans

(CR and TC bargaining units only)

CR EFFECTIVE PP24-2021 - T&C EFFECTIVE PP26-2021

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS (PER		
	PAY PERIOD)		
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Plan A (Blue Cross/	\$446.50	\$893.00	\$1,205.50
Comprehensive)			
Total	\$446.50	\$893.00	\$1,205.50
Employer	\$446.50	\$893.00	\$1,205.50
Employee	\$0.00	\$0.00	\$0.00
	EE ONLY	EE+1	FAMILY
Plan B (Kaiser)	\$499.50	\$999.50	\$1,303.50
Total	\$499.50	\$999.50	\$1,303.50
Employer	\$352.44	\$693.93	\$978.95
Employee	\$147.06	\$305.57	\$324.55

PART TIME 40 - 63 HOURS (PER PAY PERIOD)				
EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
\$446.50	\$893.00	\$1,205.50		
\$446.50	\$893.00	\$1,205.50		
\$383.13	\$691.45	\$963.11		
\$63.37	\$201.55	\$242.39		
EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
\$499.50	\$999.50	\$1,303.50		
\$499.50	\$999.50	\$1,303.50		
\$264.33	\$520.45	\$734.21		
\$235.17	\$479.05	\$569.29		

PART TIME 32 - 39 HOURS					
(PER PAY PERIOD)					
EE ONLY	<u>EE+1</u>	<u>FAMILY</u>			
\$446.50	\$893.00	\$1,205.50			
\$446.50	\$893.00	\$1,205.50			
\$255.43	\$460.97	\$642.08			
\$191.07	\$432.03	\$563.42			
EE ONLY	<u>EE+1</u>	<u>FAMILY</u>			
\$499.50	\$999.50	\$1,303.50			
\$499.50	\$999.50	\$1,303.50			
\$176.23	\$346.97	\$489.48			
\$323.27	\$652.53	\$814.02			