

Medical Premium Contributions 2018

BOARD MEMBERS & CLASSIFIED ADMINISTRATORS	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO	
	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
Bi-weekly 26 Pay Period Deductions								
Employee Only	\$301.99	\$24.80	\$336.96	\$27.68	\$283.16	\$0.00	\$243.13	\$165.08
Employee + 1	\$521.57	\$129.99	\$582.18	\$145.09	\$466.46	\$97.85	\$404.87	\$392.11
Employee + 2 or More	\$622.85	\$298.26	\$695.28	\$332.94	\$527.09	\$270.57	\$459.75	\$664.06

CLASSIFIED EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO	
	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
Bi-weekly 26 Pay Period Deductions								
Employee Only	\$305.61	\$21.18	\$341.01	\$23.63	\$283.16	\$0.00	\$246.80	\$161.41
Employee + 1	\$494.79	\$156.77	\$552.29	\$174.98	\$436.44	\$127.87	\$425.27	\$371.71
Employee + 2 or More	\$584.63	\$336.48	\$652.61	\$375.61	\$483.78	\$313.88	\$636.53	\$487.28

CLASSIFIED SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO	
	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
Bi-weekly 21 Pay Period Deductions								
Employee Only								
December 30 - June 1	\$444.53	\$30.80	\$496.02	\$34.37	\$411.87	\$0.00	\$358.99	\$234.77
August 11 - December 28	\$305.61	\$21.18	\$341.01	\$23.63	\$283.16	\$0.00	\$246.80	\$161.41
Employee + 1								
December 30 - June 1	\$719.70	\$228.02	\$803.33	\$254.52	\$634.82	\$186.00	\$618.57	\$540.67
August 11 - December 28	\$494.79	\$156.77	\$552.29	\$174.98	\$436.44	\$127.87	\$425.27	\$371.71
Employee + 2 or More								
December 30 - June 1	\$850.37	\$489.43	\$949.25	\$546.34	\$703.68	\$456.55	\$925.86	\$708.78
August 11 - December 28	\$584.63	\$336.48	\$652.61	\$375.61	\$483.78	\$313.88	\$636.53	\$487.28

Classified School Term Employees January to May deductions (11 pay periods) include a 1.454 rate to prepay premiums for the summer coverage period.

Medical Premium Contributions 2018

FACULTY	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO	
	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
Monthly 12 Pay Period Deductions								
Employee Only	\$654.24	\$53.81	\$730.02	\$60.04	\$613.53	\$0.00	\$526.70	\$357.76
Employee + 1	\$1,148.72	\$263.00	\$1,282.19	\$293.56	\$1,047.84	\$174.84	\$895.34	\$831.45
Employee + 2 or More	\$1,383.63	\$612.09	\$1,544.55	\$683.27	\$1,203.74	\$524.53	\$1,029.24	\$1,405.69

CERTIFICATED ADMINISTRATORS	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO	
	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
Monthly 12 Pay Period Deductions								
Employee Only	\$654.24	\$53.81	\$730.02	\$60.04	\$613.53	\$0.00	\$526.70	\$357.76
Employee + 1	\$1,130.08	\$281.64	\$1,261.39	\$314.36	\$1,010.67	\$212.01	\$877.04	\$849.75
Employee + 2 or More	\$1,349.51	\$646.21	\$1,506.45	\$721.37	\$1,142.04	\$586.23	\$996.13	\$1,438.80

PART-TIME FACULTY EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO	
	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
Monthly 9 Pay Period Deductions								
Employee Only								
January 1 - May 31	\$1,046.78	\$86.10	\$1,168.02	\$96.07	\$981.65	\$0.00	\$842.71	\$572.42
September 1 - December 31	\$654.24	\$53.81	\$730.02	\$60.04	\$613.53	\$0.00	\$526.70	\$357.76
Employee + 1								
January 1 - May 31	\$1,837.95	\$420.81	\$2,051.50	\$469.70	\$1,676.54	\$279.75	\$1,432.54	\$1,330.32
September 1 - December 31	\$1,148.72	\$263.00	\$1,282.19	\$293.56	\$1,047.84	\$174.84	\$895.34	\$831.45
Employee + 2 or More								
January 1 - May 31	\$2,213.81	\$979.34	\$2,471.28	\$1,093.24	\$1,925.98	\$839.25	\$1,646.79	\$2,249.10
September 1 - December 31	\$1,383.63	\$612.09	\$1,544.55	\$683.27	\$1,203.74	\$524.53	\$1,029.24	\$1,405.69

Part-time Faculty Employees January to May deductions (five pay periods) include a 1.60 rate to prepay premiums for the summer coverage period.