



CALIFORNIA HYDRONICS CORPORATION

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chchydro.com

2024 Employee Benefits Cost Per Check Part-Time with Benefits

Employee Dependent Contributions per paycheck are:

E/S=Employee and Spouse, **E/C**=Employee and Child(ren), **E/Fam**=Employee and Family

Blue Shield of CA Active Choice Plus PPO

Employee Only	\$ 45.00
E/S	\$229.80
E/C	\$195.37
E/Fam	\$409.62

Kaiser CA HMO

Employee Only	\$45.00
E/S	\$230.76
E/C	\$176.70
E/Fam	\$359.14

Kaiser NW HMO

Employee Only	\$45.00
E/S	\$173.94
E/C	\$149.15
E/Fam	\$297.88

Kaiser FDN WA Core HMO

Employee Only	\$45.00
E/S	\$182.28
E/C	\$171.55
E/Fam	\$303.82

Principal Dental – w/4 cleanings per year

Employee Only	\$12.00
E/S	\$25.94
E/C	\$32.13
E/Fam	\$46.08

VSP Vision - w/frames every 12 months

E/S	\$0.66
E/C (2+ children now here)	\$0.66
E/Fam	\$1.32