



# CALIFORNIA HYDRONICS CORPORATION

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## **2024 Employee Benefits Cost Per Check Full-Time Employees**

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 | \$40.00  |
| E/S           | \$194.83 |
| E/C           | \$166.14 |
| E/Fam         | \$344.68 |

### **Kaiser CA HMO**

|               |          |
|---------------|----------|
| Employee Only | \$40.00  |
| E/S           | \$195.63 |
| E/C           | \$150.58 |
| E/Fam         | \$302.62 |

### **Kaiser NW HMO**

|               |          |
|---------------|----------|
| Employee Only | \$40.00  |
| E/S           | \$148.28 |
| E/C           | \$127.63 |
| E/Fam         | \$251.56 |

### **Kaiser FDN WA Core HMO**

|               |          |
|---------------|----------|
| Employee Only | \$40.00  |
| E/S           | \$155.24 |
| E/C           | \$146.29 |
| E/Fam         | \$256.52 |

### **Principal Dental – w/4 cleanings per year**

|               |         |
|---------------|---------|
| Employee Only | \$10.00 |
| E/S           | \$21.62 |
| E/C           | \$26.78 |
| E/Fam         | \$38.40 |

### **VSP Vision - w/frames every 12 months**

|                   |        |
|-------------------|--------|
| E/S               | \$0.55 |
| E/C (2+ children) | \$0.55 |
| E/Fam             | \$1.10 |