Veolia North America: Kaiser Permanente HMO (for California Employees) Bargaining Unit CA2

2020 Employee Contributions

VEOLIA

The 2020 employee contributions show what you'll pay for coverage under the Veolia North America benefits plans.

Questions? Call the Veolia Benefits Center at 1-844-690-0918, Monday through Friday from 7:30 a.m. to 6:00 p.m. CST to speak with a representative.

Medical contributions

	VNA	
MEDICAL PLAN OPTION	**BI-WEEKLY**	**WEEKLY**
KAISER PERMANANTE HMO		
Employee Only	$53.10	$26.55
Employee + Spouse	$122.13	$61.07
Employee + Children	$106.20	$53.10
Employee + Family	$169.92	$84.96

Medical contributions

	VNA DOMESTIC PARTNERS					
MEDICAL PLAN OPTION	**BI-WEEKLY**			**WEEKLY**		
KAISER PERMANANTE HMO	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income
Employee + DP	$53.10	$69.03	$276.12	$26.55	$34.52	$138.06
Employee + DP's Children	$53.10	$53.10	$212.40	$26.55	$26.55	$106.20
Employee + DP + EE Child(ren)	$53.10	$116.82	$467.28	$26.55	$58.41	$233.64
Employee + Non-tax-qualified DP + DP's Child(ren)	$100.89	$69.03	$276.12	$50.45	$34.52	$138.06
Employee + Tax-qualified DP + DP's Children	$116.82	$53.10	$212.40	$58.41	$26.55	$106.20

In all instances where it appears on this rate insert, Domestic Partner is abbreviated to "DP."