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

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 PERMANENTE HMO		
Employee Only	$71.69	$35.84
Employee + Spouse	$164.88	$82.44
Employee + Children	$143.37	$71.69
Employee + Family	$229.39	$114.70
KAISER PERMANANTE HMO (VEOLIA WATER TECHNOLOGIES- WELLNESS PARTICIPANT)		
Employee Only	$57.35	$28.68
Employee + Spouse	$131.90	$65.95
Employee + Children	$114.70	$57.35
Employee + Family	$183.52	$91.76

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	$71.69	$93.19	$251.96	$35.84	$46.60	$125.98
Employee + DP's Children	$71.69	$71.69	$193.82	$35.84	$35.84	$96.91
Employee + DP + EE Child(ren)	$71.69	$157.71	$426.40	$35.84	$78.85	$213.20
Employee + Non-tax-qualified DP + DP's Child(ren)	$136.20	$93.19	$251.96	$68.10	$46.60	$125.98
Employee + Tax-qualified DP + DP's Children	$157.71	$71.69	$193.82	$78.85	$35.84	$96.91
KAISER PERMANANTE HMO (VEOLIA WATER TECHNOLOGIES – WELLNESS PARTICIPANT)						
Employee + DP	$57.35	$74.55	$270.60	$28.68	$37.28	$135.30
Employee + DP's Children	$57.35	$57.35	$208.16	$28.68	$28.67	$104.08
Employee + DP + EE Child(ren)	$57.35	$126.17	$457.94	$28.68	$63.08	$228.97
Employee + Non-tax-qualified DP + DP's Child(ren)	$108.96	$74.55	$270.60	$54.48	$37.28	$135.30
Employee + Tax-qualified DP + DP's Children	$126.17	$57.35	$208.16	$63.09	$28.67	$104.08

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