

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2024			
WITH NO RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$1,014.00	\$1,831.00	\$2,542.00
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
Total	\$1,083.12	\$1,959.73	\$2,726.58
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1600 ABHP	\$1,128.00	\$2,033.00	\$2,825.00
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
Total	\$1,197.12	\$2,161.73	\$3,009.58
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,470.00	\$2,648.00	\$3,681.00
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
Total	\$1,539.12	\$2,776.73	\$3,865.58
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$986.00	\$1,952.00	\$2,750.00
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
Total	\$1,055.12	\$2,080.73	\$2,934.58
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1600 ABHP	\$813.00	\$1,599.00	\$2,251.00
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
Total	\$882.12	\$1,727.73	\$2,435.58

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2024			
WITH RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$1,014.00	\$1,831.00	\$2,542.00
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
2% Fee for retiree coverage	\$21.66	\$39.19	\$54.53
Total	\$1,104.78	\$1,998.92	\$2,781.11
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1600 ABHP	\$1,128.00	\$2,033.00	\$2,825.00
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
2% Fee for retiree coverage	\$23.94	\$43.23	\$60.19
Total	\$1,221.06	\$2,204.96	\$3,069.77
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,470.00	\$2,648.00	\$3,681.00
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
2% Fee for retiree coverage	\$30.78	\$55.53	\$77.31
Total	\$1,569.90	\$2,832.26	\$3,942.89
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$986.00	\$1,952.00	\$2,750.00
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
2% Fee for retiree coverage	\$21.10	\$41.61	\$58.69
Total	\$1,076.22	\$2,122.34	\$2,993.27
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1600 ABHP	\$813.00	\$1,599.00	\$2,251.00
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
2% Fee for retiree coverage	\$17.64	\$34.55	\$48.71
Total	\$899.76	\$1,762.28	\$2,484.29