HEALTH PLAN CONTRIBUTION RATES COBRA

Effective January 1, 2016

Effective January 1, 2010			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$796.26		\$1,996.98
Delta Dental PPO+Premier	\$54.28	\$97.71	
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
2% COBRA Admin Fee	\$17.54	\$31.74	\$44.26
Total	\$894.46	\$1,618.68	\$2,257.26
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$883.26		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
2% COBRA Admin Fee	\$19.28	\$34.86	\$48.60
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Total	\$983.20	\$1,777.80	\$2,478.60
	EE ONLY	<u>EE+1</u>	FAMILY
Blue Shield PPO \$200	\$1,149.26	· · · · · · · · · · · · · · · · · · ·	
Delta Dental PPO+Premier	\$54.28	\$97.71	
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
2% COBRA Admin Fee	\$24.60	\$44.44	\$61.90
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Total	\$1,254.52	\$2,266.38	\$3,156.90
	\$1,254.52	\$ 2,266.38 <u>EE+1</u>	\$3,156.90
Total	\$1,254.52 EE ONLY	\$ 2,266.38 <u>EE+1</u>	\$3,156.90 FAMILY
Total Kaiser HMO	\$1,254.52 <u>EE ONLY</u> \$615.50	\$2,266.38 <u>EE+1</u> \$1,231.00	\$3,156.90 FAMILY \$1,741.88
Total Kaiser HMO Delta Dental PPO+Premier	\$1,254.52 <u>EE ONLY</u> \$615.50 \$54.28	\$2,266.38 <u>EE+1</u> \$1,231.00 \$97.71	\$3,156.90 <u>FAMILY</u> \$1,741.88 \$135.71
Total Kaiser HMO Delta Dental PPO+Premier VSP Choice	\$1,254.52 <u>EE ONLY</u> \$615.50 \$54.28 \$5.28	\$2,266.38 <u>EE+1</u> \$1,231.00 \$97.71 \$10.56	\$3,156.90 <u>FAMILY</u> \$1,741.88 \$135.71 \$17.00
Total Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee	\$1,254.52 <u>EE ONLY</u> \$615.50 \$54.28 \$5.28 \$21.10	\$2,266.38 <u>EE+1</u> \$1,231.00 \$97.71 \$10.56 \$42.21	\$3,156.90 <u>FAMILY</u> \$1,741.88 \$135.71 \$17.00 \$63.31
Total Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee	\$1,254.52 <u>EE ONLY</u> \$615.50 \$54.28 \$5.28 \$21.10	\$2,266.38 <u>EE+1</u> \$1,231.00 \$97.71 \$10.56 \$42.21 \$27.63	\$3,156.90 FAMILY \$1,741.88 \$135.71 \$17.00 \$63.31
Total Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee	\$1,254.52 EE ONLY \$615.50 \$54.28 \$5.28 \$21.10 \$13.92	\$2,266.38 EE+1 \$1,231.00 \$97.71 \$10.56 \$42.21 \$27.63	\$3,156.90 FAMILY \$1,741.88 \$135.71 \$17.00 \$63.31 \$39.16 \$1,997.06
Total Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total	\$1,254.52 EE ONLY \$615.50 \$54.28 \$5.28 \$21.10 \$13.92 \$710.08	\$2,266.38 <u>EE+1</u> \$1,231.00 \$97.71 \$10.56 \$42.21 \$27.63 \$1,409.11 <u>EE+1</u>	\$3,156.90 FAMILY \$1,741.88 \$135.71 \$17.00 \$63.31 \$39.16 \$1,997.06 FAMILY
Total Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total Kaiser HMO \$1300 ABHP	\$1,254.52 EE ONLY \$615.50 \$54.28 \$5.28 \$21.10 \$13.92 \$710.08 EE ONLY \$506.70	\$2,266.38 <u>EE+1</u> \$1,231.00 \$97.71 \$10.56 \$42.21 \$27.63 \$1,409.11 <u>EE+1</u> \$1,013.40	\$3,156.90 FAMILY \$1,741.88 \$135.71 \$17.00 \$63.31 \$39.16 \$1,997.06 FAMILY \$1,433.94
Total Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total Kaiser HMO \$1300 ABHP Delta Dental PPO+Premier	\$1,254.52 EE ONLY \$615.50 \$54.28 \$5.28 \$21.10 \$13.92 \$710.08 EE ONLY \$506.70 \$54.28	\$2,266.38 <u>EE+1</u> \$1,231.00 \$97.71 \$10.56 \$42.21 \$27.63 \$1,409.11 <u>EE+1</u> \$1,013.40 \$97.71	\$3,156.90 FAMILY \$1,741.88 \$135.71 \$17.00 \$63.31 \$39.16 \$1,997.06 FAMILY \$1,433.94 \$135.71
Total Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total Kaiser HMO \$1300 ABHP Delta Dental PPO+Premier VSP Choice	\$1,254.52 EE ONLY \$615.50 \$54.28 \$5.28 \$21.10 \$13.92 \$710.08 EE ONLY \$506.70 \$54.28 \$5.28	\$2,266.38 EE+1 \$1,231.00 \$97.71 \$10.56 \$42.21 \$27.63 \$1,409.11 EE+1 \$1,013.40 \$97.71 \$10.56	\$3,156.90 FAMILY \$1,741.88 \$135.71 \$17.00 \$63.31 \$39.16 \$1,997.06 FAMILY \$1,433.94 \$135.71 \$17.00
Total Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total Kaiser HMO \$1300 ABHP Delta Dental PPO+Premier VSP Choice EDC Admin Fee	\$1,254.52 EE ONLY \$615.50 \$54.28 \$5.28 \$21.10 \$13.92 \$710.08 EE ONLY \$506.70 \$54.28 \$5.28 \$21.10	\$2,266.38 EE+1 \$1,231.00 \$97.71 \$10.56 \$42.21 \$27.63 \$1,409.11 EE+1 \$1,013.40 \$97.71 \$10.56 \$42.21	\$3,156.90 FAMILY \$1,741.88 \$135.71 \$17.00 \$63.31 \$39.16 \$1,997.06 FAMILY \$1,433.94 \$135.71 \$17.00 \$63.31
Total Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total Kaiser HMO \$1300 ABHP Delta Dental PPO+Premier VSP Choice	\$1,254.52 EE ONLY \$615.50 \$54.28 \$5.28 \$21.10 \$13.92 \$710.08 EE ONLY \$506.70 \$54.28 \$5.28	\$2,266.38 EE+1 \$1,231.00 \$97.71 \$10.56 \$42.21 \$27.63 \$1,409.11 EE+1 \$1,013.40 \$97.71 \$10.56	\$3,156.90 FAMILY \$1,741.88 \$135.71 \$17.00 \$63.31 \$39.16 \$1,997.06 FAMILY \$1,433.94 \$135.71 \$17.00
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total Kaiser HMO \$1300 ABHP Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee	\$1,254.52 EE ONLY \$615.50 \$54.28 \$5.28 \$21.10 \$13.92 \$710.08 EE ONLY \$506.70 \$54.28 \$5.28 \$21.10 \$11.75	\$2,266.38 EE+1 \$1,231.00 \$97.71 \$10.56 \$42.21 \$27.63 \$1,409.11 EE+1 \$1,013.40 \$97.71 \$10.56 \$42.21 \$23.28	\$3,156.90 FAMILY \$1,741.88 \$135.71 \$17.00 \$63.31 \$39.16 \$1,997.06 FAMILY \$1,433.94 \$135.71 \$17.00 \$63.31 \$33.00
Total Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total Kaiser HMO \$1300 ABHP Delta Dental PPO+Premier VSP Choice EDC Admin Fee	\$1,254.52 EE ONLY \$615.50 \$54.28 \$5.28 \$21.10 \$13.92 \$710.08 EE ONLY \$506.70 \$54.28 \$5.28 \$21.10	\$2,266.38 EE+1 \$1,231.00 \$97.71 \$10.56 \$42.21 \$27.63 \$1,409.11 EE+1 \$1,013.40 \$97.71 \$10.56 \$42.21 \$23.28	\$3,156.90 FAMILY \$1,741.88 \$135.71 \$17.00 \$63.31 \$39.16 \$1,997.06 FAMILY \$1,433.94 \$135.71 \$17.00 \$63.31
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total Kaiser HMO \$1300 ABHP Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total	\$1,254.52 EE ONLY \$615.50 \$54.28 \$5.28 \$21.10 \$13.92 \$710.08 EE ONLY \$506.70 \$54.28 \$5.28 \$21.10 \$11.75 \$599.11	\$2,266.38 EE+1 \$1,231.00 \$97.71 \$10.56 \$42.21 \$27.63 \$1,409.11 EE+1 \$1,013.40 \$97.71 \$10.56 \$42.21 \$23.28 \$1,187.16	\$3,156.90 FAMILY \$1,741.88 \$135.71 \$17.00 \$63.31 \$39.16 \$1,997.06 FAMILY \$1,433.94 \$135.71 \$17.00 \$63.31 \$33.00
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total Kaiser HMO \$1300 ABHP Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee	\$1,254.52 EE ONLY \$615.50 \$54.28 \$5.28 \$21.10 \$13.92 \$710.08 EE ONLY \$506.70 \$54.28 \$5.28 \$21.10 \$11.75 \$599.11 cance Progr	\$2,266.38 EE+1 \$1,231.00 \$97.71 \$10.56 \$42.21 \$27.63 \$1,409.11 EE+1 \$1,013.40 \$97.71 \$10.56 \$42.21 \$23.28 \$1,187.16 am (EAP)	\$3,156.90 FAMILY \$1,741.88 \$135.71 \$17.00 \$63.31 \$39.16 \$1,997.06 FAMILY \$1,433.94 \$135.71 \$17.00 \$63.31 \$33.00