

HEALTH PLAN CONTRIBUTION RATES

COBRA

Effective January 1, 2016

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$796.26	\$1,436.46	\$1,996.98
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	\$17.54	\$31.74	\$44.26

Total	\$894.46	\$1,618.68	\$2,257.26
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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$883.26	\$1,592.46	\$2,213.98
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

Total	\$983.20	\$1,777.80	\$2,478.60
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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,149.26	\$2,071.46	\$2,878.98
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	\$24.60	\$44.44	\$61.90

Total	\$1,254.52	\$2,266.38	\$3,156.90
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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$615.50	\$1,231.00	\$1,741.88
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	\$13.92	\$27.63	\$39.16

Total	\$710.08	\$1,409.11	\$1,997.06
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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$506.70	\$1,013.40	\$1,433.94
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	\$11.75	\$23.28	\$33.00

Total	\$599.11	\$1,187.16	\$1,682.96
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Employee Assistance Program (EAP)
\$5.55 regardless of number enrolled