

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective July 23, 2016			
WITH NO RETIREE COVERAGE			
	<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	\$16.40	\$32.80	\$49.22
Total	\$872.22	\$1,577.53	\$2,198.91
	<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	\$16.40	\$32.80	\$49.22
Total	\$959.22	\$1,733.53	\$2,415.91
	<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	\$16.40	\$32.80	\$49.22
Total	\$1,225.22	\$2,212.53	\$3,080.91
	<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	\$16.40	\$32.80	\$49.22
Total	\$691.46	\$1,372.07	\$1,943.81
	<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	\$16.40	\$32.80	\$49.22
Total	\$582.66	\$1,154.47	\$1,635.87

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WITH RETIREE COVERAGE			
	<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	\$16.40	\$32.80	\$49.22
2% Fee for retiree coverage	\$17.44	\$31.55	\$43.98
Total	\$889.66	\$1,609.08	\$2,242.89
	<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	\$16.40	\$32.80	\$49.22
2% Fee for retiree coverage	\$19.18	\$34.67	\$48.32
Total	\$978.40	\$1,768.20	\$2,464.23
	<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	\$16.40	\$32.80	\$49.22
2% Fee for retiree coverage	\$24.50	\$44.25	\$61.62
Total	\$1,249.72	\$2,256.78	\$3,142.53
	<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	\$16.40	\$32.80	\$49.22
2% Fee for retiree coverage	\$13.83	\$27.44	\$38.88
Total	\$705.29	\$1,399.51	\$1,982.69
	<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	\$16.40	\$32.80	\$49.22
2% Fee for retiree coverage	\$11.65	\$23.09	\$32.72
Total	\$594.31	\$1,177.56	\$1,668.59