

HEALTH PLAN CONTRIBUTION RATES

COBRA

Effective January 1, 2026

ALL (EXCLUDING SA UNIT):			
	EE ONLY	EE+1	FAMILY
Blue Shield PPO ABHP High (\$2000)	\$1,227.00	\$2,214.00	\$3,074.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$25.91	\$46.82	\$65.11
Total	\$1,321.43	\$2,387.84	\$3,320.80
	EE ONLY	EE+1	FAMILY
Blue Shield PPO ABHP Low (\$1700)	\$1,364.00	\$2,459.00	\$3,417.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$28.65	\$51.72	\$71.97
Total	\$1,461.17	\$2,637.74	\$3,670.66
	EE ONLY	EE+1	FAMILY
Blue Shield PPO Standard (\$200)	\$1,778.00	\$3,203.00	\$4,452.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$36.93	\$66.60	\$92.67
Total	\$1,883.45	\$3,396.62	\$4,726.36
	EE ONLY	EE+1	FAMILY
Kaiser HMO	\$1,192.00	\$2,361.00	\$3,326.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$25.21	\$49.76	\$70.15
Total	\$1,285.73	\$2,537.78	\$3,577.84
	EE ONLY	EE+1	FAMILY
Kaiser HMO ABHP (\$1700)	\$983.00	\$1,934.00	\$2,722.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$21.03	\$41.22	\$58.07
Total	\$1,072.55	\$2,102.24	\$2,961.76

SA UNIT ONLY:			
	EE ONLY	EE+1	FAMILY
Blue Shield PPO ABHP High (\$2000)	\$1,227.00	\$2,214.00	\$3,074.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$4.30	\$8.58	\$13.81
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$25.89	\$46.79	\$65.06
Total	\$1,320.63	\$2,386.26	\$3,318.24
	EE ONLY	EE+1	FAMILY
Blue Shield PPO ABHP Low (\$1700)	\$1,364.00	\$2,459.00	\$3,417.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$4.30	\$8.58	\$13.81
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$28.63	\$51.69	\$71.92
Total	\$1,460.37	\$2,636.16	\$3,668.10
	EE ONLY	EE+1	FAMILY
Blue Shield PPO Standard (\$200)	\$1,778.00	\$3,203.00	\$4,452.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$4.30	\$8.58	\$13.81
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$36.91	\$66.57	\$92.62
Total	\$1,882.65	\$3,395.04	\$4,723.80
	EE ONLY	EE+1	FAMILY
Kaiser HMO	\$1,192.00	\$2,361.00	\$3,326.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$4.30	\$8.58	\$13.81
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$25.19	\$49.73	\$70.10
Total	\$1,284.93	\$2,536.20	\$3,575.28
	EE ONLY	EE+1	FAMILY
Kaiser HMO ABHP (\$1700)	\$983.00	\$1,934.00	\$2,722.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$4.30	\$8.58	\$13.81
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$21.01	\$41.19	\$58.02
Total	\$1,071.75	\$2,100.66	\$2,959.20

Employee Assistance Program (EAP)	
\$3.56	regardless of number enrolled
\$0.07	2% COBRA Admin Fee
\$3.63	Total
ConcernPlus EAP	
\$14.35	regardless of number enrolled
\$0.29	2% COBRA Admin Fee
\$14.64	Total