

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2026			
WITH NO RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$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
<b>Total</b>	<b>\$1,295.52</b>	<b>\$2,341.02</b>	<b>\$3,255.69</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1700 ABHP</b>	\$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
<b>Total</b>	<b>\$1,432.52</b>	<b>\$2,586.02</b>	<b>\$3,598.69</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$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
<b>Total</b>	<b>\$1,846.52</b>	<b>\$3,330.02</b>	<b>\$4,633.69</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$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
<b>Total</b>	<b>\$1,260.52</b>	<b>\$2,488.02</b>	<b>\$3,507.69</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1700 ABHP</b>	\$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
<b>Total</b>	<b>\$1,051.52</b>	<b>\$2,061.02</b>	<b>\$2,903.69</b>

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2026			
WITH RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$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% Fee for retiree coverage	\$25.91	\$46.82	\$65.11
<b>Total</b>	<b>\$1,321.43</b>	<b>\$2,387.84</b>	<b>\$3,320.80</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1700 ABHP</b>	\$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% Fee for retiree coverage	\$28.65	\$51.72	\$71.97
<b>Total</b>	<b>\$1,461.17</b>	<b>\$2,637.74</b>	<b>\$3,670.66</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$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% Fee for retiree coverage	\$36.93	\$66.60	\$92.67
<b>Total</b>	<b>\$1,883.45</b>	<b>\$3,396.62</b>	<b>\$4,726.36</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$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% Fee for retiree coverage	\$25.21	\$49.76	\$70.15
<b>Total</b>	<b>\$1,285.73</b>	<b>\$2,537.78</b>	<b>\$3,577.84</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1700 ABHP</b>	\$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% Fee for retiree coverage	\$21.03	\$41.22	\$58.07
<b>Total</b>	<b>\$1,072.55</b>	<b>\$2,102.24</b>	<b>\$2,961.76</b>