

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>
Blue Shield PPO \$2000 ABHP	\$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
Total	\$1,295.52	\$2,341.02	\$3,255.69
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1700 ABHP	\$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
Total	\$1,432.52	\$2,586.02	\$3,598.69
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$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
Total	\$1,846.52	\$3,330.02	\$4,633.69
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
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
Total	\$1,260.52	\$2,488.02	\$3,507.69
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1700 ABHP	\$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
Total	\$1,051.52	\$2,061.02	\$2,903.69

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WITH RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$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
Total	\$1,321.43	\$2,387.84	\$3,320.80
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1700 ABHP	\$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
Total	\$1,461.17	\$2,637.74	\$3,670.66
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$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% Fee for retiree coverage	\$36.93	\$66.60	\$92.67
Total	\$1,883.45	\$3,396.62	\$4,726.36
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
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% Fee for retiree coverage	\$25.21	\$49.76	\$70.15
Total	\$1,285.73	\$2,537.78	\$3,577.84
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1700 ABHP	\$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
Total	\$1,072.55	\$2,102.24	\$2,961.76