For employees in bargaining units
GE (General), PL (Professional), SU (Supervisory), TC (Trades and Crafts), PR (Probation), CR (Corrections)

Effective January 1, 2024

Contributions are deducted over 24 pay periods

					. , ,					
	FULL TIME 64+ HOURS (PER			PART TIME 40 - 63 HOURS			PART TIME 32 - 39 HOURS			
	PAY PERIOD)			(PER PAY PERIOD)			(PER PAY PERIOD)			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>	
Blue Shield PPO Standard (\$200)	\$735.00	\$1,324.00	\$1,840.50	\$735.00	\$1,324.00	\$1,840.50	\$735.00	\$1,324.00	\$1,840.50	
EDC Admin Fee	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	
Total	\$743.56	\$1,341.12	\$1,866.18	\$743.56	\$1,341.12	\$1,866.18	\$743.56	\$1,341.12	\$1,866.18	
Employer	\$594.85	\$1,072.90	\$1,492.95	\$446.14	\$804.68	\$1,119.71	\$297.43	\$536.45	\$746.48	
Employee	\$148.71	\$268.22	\$373.23	\$297.42	\$536.44	\$746.47	\$446.13	\$804.67	\$1,119.70	
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	EE . 1	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	
Blue Shield PPO ABHP Low (\$1600)	\$564.00	\$1,016.50	\$1,412.50	\$564.00	<b>EE+1</b> \$1,016.50	\$1,412.50	\$564.00	\$1,016.50	\$1,412.50	
EDC Admin Fee	\$8.56	\$1,010.30	\$25.68	\$8.56	\$1,010.30	\$25.68	\$8.56	\$1,010.30	\$25.68	
LDC Admin ree	Ş6.J0	<b>717.12</b>	Ç25.08	78.50	<b>717.12</b>	Ç25.00	76.50	Ş17.1Z	Ç25.08	
Total	\$572.56	\$1,033.62	\$1,438.18	\$572.56	\$1,033.62	\$1,438.18	\$572.56	\$1,033.62	\$1,438.18	
Employer	\$458.05	\$826.90	\$1,150.55	\$343.54	\$620.18	\$862.91	\$229.03	\$413.45	\$575.28	
Employee	\$114.51	\$206.72	\$287.63	\$229.02	\$413.44	\$575.27	\$343.53	\$620.17	\$862.90	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Kaiser HMO Standard	\$493.00	\$976.00	\$1,375.00	\$493.00	\$976.00	\$1,375.00	\$493.00	\$976.00	\$1,375.00	
EDC Admin Fee	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	
T	¢504.56	6002.42	ć4 400 CO	¢504.56	6002.42	ć4 400 CO	<b>6504.5</b> 6	6002.42	ć4 400 CO	
Total	\$501.56	\$993.12	\$1,400.68	\$501.56 \$300.94	\$993.12	\$1,400.68	\$501.56	\$993.12	\$1,400.68	
Employer	\$401.25 <b>\$100.31</b>	\$794.50 <b>\$198.62</b>	\$1,120.55 <b>\$280.13</b>	\$300.94 <b>\$200.62</b>	\$595.88	\$840.41 <b>\$560.27</b>	\$200.63 <b>\$300.93</b>	\$397.25	\$560.28 <b>\$840.40</b>	
Employee	\$100.51	\$150.02	\$200.13	\$200.02	\$397.24	\$500.27	3300.33	\$595.87	304U.4U	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>	
Kaiser HMO ABHP (\$1600)	\$406.50	\$799.50	\$1,125.50	\$406.50	\$799.50	\$1,125.50	\$406.50	\$799.50	\$1,125.50	
EDC Admin Fee	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	
Total	\$415.06	\$816.62	\$1,151.18	\$415.06	\$816.62	\$1,151.18	\$415.06	\$816.62	\$1,151.18	
Employer	\$332.05	\$653.30	\$920.95	\$249.04	\$489.98	\$690.71	\$166.03	\$326.65	\$460.48	
Employee Employee	\$83.01	\$163.32	\$230.23	\$166.02	\$326.64	\$460.47	\$249.03	\$489.97	\$690.70	

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.

PLEASE SEE THE DENTAL AND VISION RATE CARD FOR THOSE RATES.

#### For employees in bargaining units

BD (Board of Supervisors), CA (Criminal Attorney), MA (Management), SM (Law Enforcement Sworn Management)

Effective January 1, 2024

Contributions are deducted over 24 pay periods

	FULL T	TME 64+ HO	URS	PART TIME 40 - 63 HOURS (PER		PART TIME 32 - 39 HOURS (PER			
	(PEF	(PER PAY PERIOD) PAY PERIOD)				PAY PERIOD)			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO Standard (\$200)	\$735.00	\$1,324.00	\$1,840.50	\$735.00	\$1,324.00	\$1,840.50	\$735.00	\$1,324.00	\$1,840.50
EDC Admin Fee	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68
Total	\$743.56	\$1,341.12	\$1,866.18	\$743.56	\$1,341.12	\$1,866.18	\$743.56	\$1,341.12	\$1,866.18
Employer	\$483.32	\$871.73	\$1,000.10	\$362.49	\$653.80	\$909.77	\$241.66	\$435.87	\$606.51
Employee Employee	\$260.24	\$469.39	\$653.16	\$381.07	\$687.32	\$956.41	\$501.90	\$905.25	\$1,259.67
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Blue Shield PPO ABHP Low (\$1600)	\$564.00	\$1,016.50	\$1,412.50	\$564.00	\$1,016.50	\$1,412.50	\$564.00	\$1,016.50	\$1,412.50
EDC Admin Fee	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68
Total	\$572.56	\$1,033.62	\$1,438.18	\$572.56	\$1,033.62	\$1,438.18	\$572.56	\$1,033.62	\$1,438.18
Employer	\$372.17	\$671.86	\$934.82	\$279.13	\$503.90	\$701.12	\$186.09	\$335.93	\$467.41
Employee	\$200.39	\$361.76	\$503.36	\$293.43	\$529.72	\$737.06	\$386.47	\$697.69	\$970.77
	EE ONLY	EE+1	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO Standard	\$493.00	\$976.00	\$1,375.00	\$493.00	\$976.00	\$1,375.00	\$493.00	\$976.00	\$1,375.00
EDC Admin Fee	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68
Total	\$501.56	\$993.12	\$1,400.68	\$501.56	\$993.12	\$1,400.68	\$501.56	\$993.12	\$1,400.68
Employer	\$326.02	\$645.53	\$910.45	\$244.52	\$484.15	\$682.84	\$163.01	\$333.12	\$455.23
Employee	\$175.54	\$347.59	\$490.23	\$257.04	\$508.97	\$717.84	\$338.55	\$670.35	\$945.45
Kaiser HMO ABHP (\$1600)	EE ONLY \$406.50	<u>EE+1</u> \$799.50	<u>FAMILY</u> \$1,125.50	EE ONLY \$406.50	<u>EE+1</u> \$799.50	<u>FAMILY</u> \$1,125.50	EE ONLY \$406.50	<u>EE+1</u> \$799.50	<u>FAMILY</u> \$1,125.50
EDC Admin Fee	\$8.56	\$17.12	\$1,125.50	\$8.56	\$799.30 \$17.12	\$1,125.50	\$8.56	\$17.12	\$25.68
LDC Admin ree	\$8.50	<b>γ17.12</b>	Ş2J.06	78.50	Ş17.1Z	\$25.06	\$8.50	Ş17.1Z	\$25.06
Total	\$415.06	\$816.62	\$1,151.18	\$415.06	\$816.62	\$1,151.18	\$415.06	\$816.62	\$1,151.18
Employer	\$269.79	\$530.81	\$748.27	\$202.34	\$398.11	\$561.20	\$134.90	\$265.41	\$374.14
Employee	\$145.27	\$285.81	\$402.91	\$212.72	\$418.51	\$589.98	\$280.16	\$551.21	\$777.04
	NOTE: Employee receive Optional used to offset en BD: \$6,000 (\$250 CA, MA, & SM: \$ periods)	Benefit credits nployee contrib O for 24 pay per	which can be utions. iods)	NOTE: Employee receive Optional used to offset er BD: \$6,000 (\$25 CA, MA, & SM: \$ periods)	Benefit credits nployee contrib 0 for 24 pay per	which can be utions. riods)	NOTE: Employee receive Optional used to offset er BD: \$6,000 (\$25 CA, MA, & SM: \$ periods)	l Benefit credits nployee contrib 0 for 24 pay per	which can be utions. iods)

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.
PLEASE SEE THE DENTAL AND VISION RATE CARD FOR THOSE RATES.

### For employees in bargaining unit

### SA (Law Enforcement)

Effective January 1, 2024

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS					
	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>			
Blue Shield PPO Standard (\$200)	\$735.00	\$1,324.00				
EDC Admin Fee	\$8.56	\$17.12	\$25.68			
Total	\$743.56	\$1,341.12	\$1,866.18			
Employer	\$483.32	\$871.73	\$1,213.02			
Employee	\$260.24	\$469.39	\$653.16			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>			
Blue Shield PPO ABHP Low (\$1600)	\$564.00	\$1,016.50	\$1,412.50			
EDC Admin Fee	\$8.56	\$17.12	\$25.68			
Total	\$572.56	\$1,033.62	\$1,438.18			
Employer	\$372.17	\$671.86	\$934.82			
Employee	\$200.39	\$361.76	\$503.36			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>			
Kaiser HMO Standard	\$493.00	\$976.00	\$1,375.00			
EDC Admin Fee	\$8.56	\$17.12	\$25.68			
Total	\$501.56	\$993.12	\$1,400.68			
Employer	\$326.02	\$645.53	\$910.45			
Employee	\$175.54	\$347.59	\$490.23			
	EE ONLY	EE+1	FAMILY			
Kaiser HMO ABHP (\$1600)	\$406.50	\$799.50	\$1,125.50			
EDC Admin Fee	\$8.56	\$17.12	\$25.68			
Total	\$415.06	\$816.62	\$1,151.18			
Employer	\$269.79	\$530.81	\$748.27			
Employee	\$145.27	\$285.81	\$402.91			
	NOTE: Employees receive \$4,108 over					
	24 pay periods in Optional Benefit					
	credits, which can be used to offset					
	employee contributions. (24 pay					
	periods at \$171.17 each)					

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.

#### For employees in bargaining units

CO (Confidential), EL (Elected), UM (Unrepresented Management) & UD (Department Head)

#### Effective January 1, 2024

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS		PART TIME 40 - 63 HOURS			PART T	PART TIME 32 - 39 HOURS			
	(PE	R PAY PERI	IOD)	(PER PAY PERIOD)			(PE	(PER PAY PERIOD)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	
Blue Shield PPO Standard (\$200)	\$735.00	\$1,324.00	\$1,840.50	\$735.00	\$1,324.00	\$1,840.50	\$735.00	\$1,324.00	\$1,840.50	
EDC Admin Fee	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	
						_				
Total	\$743.56	\$1,341.12	\$1,866.18	\$743.56	\$1,341.12	\$1,866.18	\$743.56	\$1,341.12	\$1,866.18	
Employer	\$518.20	\$935.16	\$1,302.29	\$388.65	\$701.37	\$976.72	\$259.10	\$467.58	\$651.15	
Employee	\$225.36	\$405.96	\$563.89	\$354.91	\$639.75	\$889.46	\$484.46	\$873.54	\$1,215.03	
	EE ONLY	<u>EE+1</u>	FAMILY	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>	<b>EE ONLY</b>	<u>EE+1</u>	FAMILY	
Blue Shield PPO ABHP Low (\$1600)	\$564.00	\$1,016.50	\$1,412.50	\$564.00	\$1,016.50	\$1,412.50	\$564.00	\$1,016.50	\$1,412.50	
EDC Admin Fee	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	
Total	\$572.56	\$1,033.62	\$1,438.18	\$572.56	\$1,033.62	\$1,438.18	\$572.56	\$1,033.62	\$1,438.18	
Employer	\$397.87	\$718.49	\$1,000.35	\$298.40	\$538.87	\$750.26	\$198.94	\$359.25	\$500.18	
Employee	\$174.69	\$315.13	\$437.83	\$274.16	\$494.75	\$687.92	\$373.62	\$674.37	\$938.00	
	EE ONLY	EE+1	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	
Kaiser HMO Standard	\$493.00	\$976.00	\$1,375.00	\$493.00	\$976.00	\$1,375.00	\$493.00	\$976.00	\$1,375.00	
EDC Admin Fee	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	
Total	\$501.56	\$993.12	\$1,400.68	\$501.56	\$993.12	\$1,400.68	\$501.56	\$993.12	\$1,400.68	
Employer	\$370.53	\$729.95	\$1,028.33	\$277.90	\$547.46	\$771.25	\$185.27	\$364.98	\$514.17	
Employee	\$131.03	\$263.17	\$372.35	\$223.66	\$445.66	\$629.43	\$316.29	\$628.14	\$886.51	
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	
Kaiser HMO ABHP (\$1600)	\$406.50	\$799.50	\$1,125.50	\$406.50	\$799.50	\$1,125.50	\$406.50	\$799.50	\$1,125.50	
EDC Admin Fee	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	\$8.56	\$17.12	\$25.68	
		•	,		•	,	,	•	,	
Total	\$415.06	\$816.62	\$1,151.18	\$415.06	\$816.62	\$1,151.18	\$415.06	\$816.62	\$1,151.18	
Employer	\$308.00	\$601.84	\$846.88	\$231.00	\$451.38	\$635.16	\$154.00	\$300.92	\$423.44	
Employee	\$107.06	\$214.78	\$304.30	\$184.06	\$365.24	\$516.02	\$261.06	\$515.70	\$727.74	
	NOTE: Emp	loyees receive	\$6,240 over	NOTE: Employees receive \$4,680 over			NOTE: Emp	loyees receive	\$3,120 over	
		ods in Optiona	-	24 pay periods in Optional Benefit				ods in Optiona	-	
		ch can be used			ch can be used			ich can be used		
		ontributions. (	(24 pay		ontributions.	(24 pay		ontributions.	'24 pay	
	periods at \$	260 each)	periods at \$195 each)				periods at \$130 each)			

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.

PLEASE SEE THE DENTAL AND VISION RATE CARD FOR THOSE RATES.

#### **DENTAL & VISION CONTRIBUTION RATES**

Effective January 1, 2024

Contributions are deducted over 24 pay periods

Participation in the Dental and Vision plans is mandatory when participating in a County sponsored health plan.

Particip	pation in the Dento						•	4E 22 20	HOLIDO		
	FULL TIME		•		PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS			
		Y PERIOD	•	-				PAY PERIO	-		
	For emplo	yees in GE	, PL, SU,	For employees in GE, PL, SU,			For employees in GE, PL, SU,				
	TO	C, PR & CR		T	C, PR & CR		TO	C, PR & CR			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<b>FAMILY</b>		
DELTA DENTAL PPO+PREMIER	\$23.75	\$42.75	\$59.37	\$23.75	\$42.75	\$59.37	\$23.75	\$42.75	\$59.37		
VSP CHOICE	\$2.25	\$4.49	\$7.23	\$2.25	\$4.49	\$7.23	\$2.25	\$4.49	\$7.23		
Total	¢36.00	¢47.24	¢ee en	¢26.00	¢47.24	¢66.60	\$36.00	¢47.24	\$66.60		
Total	\$26.00 \$20.80	\$47.24 \$37.80	\$66.60 \$53.28	\$26.00 \$15.60	\$47.24 \$28.35	\$66.60 \$39.96	\$26.00 \$10.40	\$47.24 \$18.90	\$66.60 \$26.64		
Employer Employee	\$20.80 <b>\$5.20</b>	\$37.80 <b>\$9.44</b>	\$33.28 <b>\$13.32</b>	\$15.60 <b>\$10.40</b>	\$28.33 <b>\$18.89</b>	\$39.96 <b>\$26.64</b>	\$10.40 <b>\$15.60</b>	\$18.90 <b>\$28.34</b>	\$26.64 <b>\$39.96</b>		
Linployee	33.20	<b>73.44</b>	313.3Z	\$10.40	\$10.03	320.04	\$15.00	<b>320.34</b>	<b>333.30</b>		
	For emplo	yees in ba	rgaining								
		unit SA									
	EE ONLY	EE+1	<u>FAMILY</u>								
DELTA DENTAL PPO+PREMIER	\$23.75	\$42.75	\$59.37								
VSP CHOICE	\$1.90	\$3.80	\$6.12								
Total	\$25.65	\$46.55	\$65.49								
Employer	\$16.68	\$30.26	\$42.57								
<b>Employee</b>	\$8.97	\$16.29	\$22.92								
	NOTE: Employee										
	pay periods in Optional Benefit credits,										
	which can be used to offset employee contributions. (24 pay periods at \$171.17										
	each)	.4 pay perious	ut 91/1.1/								
	Lor ample	voos in ho	racinina	For ample	was in ha	racinina	Tor omale	uaas in ha	racinina		
	For employees in bargaining			For empio	yees in ba	rgaming	For emplo	yees in ba	rgaining		
	units		units			units					
	-	EL, UM & I			EL, UM & I		-	EL, UM & I			
DELTA DENTAL DOCUMENTO	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY		
DELTA DENTAL PPO+PREMIER	\$23.75	\$42.75	\$59.37	\$23.75	\$42.75	\$59.37	\$23.75	\$42.75	\$59.37		
VSP CHOICE	\$2.25	\$4.49	\$7.23	\$2.25	\$4.49	\$7.23	\$2.25	\$4.49	\$7.23		
Total	\$26.00	\$47.24	\$66.60	\$26.00	\$47.24	\$66.60	\$26.00	\$47.24	\$66.60		
Employer	\$15.58	\$28.29	\$39.88	\$11.69	\$21.22	\$29.91	\$20.00	\$14.15	\$19.94		
Employee	\$10.42	\$18.95	\$26.72	\$14.31	\$26.02	\$36.69	\$18.21	\$33.09	\$46.66		
	NOTE: Employee			NOTE: Employee			-				
	pay periods in Op			pay periods in O			NOTE: Employees receive \$3,120 over 2 pay periods in Optional Benefit credits,				
	which can be use	ed to offset em	ployee	which can be us	ed to offset en	nployee	which can be use	ed to offset em	ployee		
	contributions. (2	?4 pay periods	at \$260	contributions. (24 pay periods at \$195		at \$195	contributions. (24 pay periods at \$130				
	each)			each)			each)				
	For employees in bargaining			For employees in bargaining			For employees in bargaining				
	units B[	D, CA, MA	& SM	units BD, CA, MA & SM		units Bl	D, CA, MA	& SM			
	EE ONLY	EE+1	<b>FAMILY</b>	EE ONLY	EE+1	<b>FAMILY</b>	EE ONLY	EE+1	<b>FAMILY</b>		
DELTA DENTAL PPO+PREMIER	\$23.75	\$42.75	\$59.37	\$23.75	\$42.75	\$59.37	\$23.75	\$42.75	\$59.37		
VSP CHOICE	\$2.25	\$4.49	\$7.23	\$2.25	\$4.49	\$7.23	\$2.25	\$4.49	\$7.23		
Total	\$26.00	\$47.24	\$66.60	\$26.00	\$47.24	\$66.60	\$26.00	\$47.24	\$66.60		
Employer	\$16.90	\$30.71	\$43.29	\$12.68	\$23.03	\$32.47	\$8.45	\$15.36	\$21.65		
<b>Employee</b>	\$9.10	\$16.53	\$23.31	\$13.32	\$24.21	\$34.13	\$17.55	\$31.88	\$44.95		
	NOTE: Employee	s in these bard	hese bargaining units   NOTE: Employe			NOTE: Employees in these bargaining units			aining units		
	receive Optional	_	-	receive Optiona			receive Optional	_	_		
	be used to offset	employee cor	ntributions	be used to offse	t employee cor	ntributions	be used to offset	t employee con	tributions		
	BD: \$6,000 (24 p			BD: \$6,000 (24 p			BD: \$6,000 (24 p				
	CA, MA, SM: \$6,2	240 (24 pay pe	eriods at	CA, MA, SM: \$4,	ь80 (24 рау ре	eriods at	CA, MA, SM: \$3,	120 (24 pay pe	riods at		
ĺ	\$260)			\$195)			\$130)				

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## HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2024

WITH NO RETIREE COVERAGE							
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>				
Blue Shield PPO \$2000 ABHP	\$1,014.00	\$1,831.00	\$2,542.00				
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75				
VSP Choice	\$4.50	\$8.98	\$14.46				
EDC Admin Fee	\$17.12	\$34.25	\$51.37				
Total	\$1,083.12	\$1,959.73	\$2,726.58				
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>				
Blue Shield PPO \$1600 ABHP	\$1,128.00	\$2,033.00	\$2,825.00				
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75				
VSP Choice	\$4.50	\$8.98	\$14.46				
EDC Admin Fee	\$17.12	\$34.25	\$51.37				
Total	\$1,197.12	\$2,161.73	\$3,009.58				
Total	\$1,197.12	\$2,101.75	\$5,005.56				
	EE ONLY	EE+1	FAMILY				
Blue Shield PPO \$200	\$1,470.00	\$2,648.00	\$3,681.00				
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75				
VSP Choice	\$4.50	\$8.98	\$14.46				
EDC Admin Fee	\$17.12	\$34.25	\$51.37				
Loc Admini Fee	γ17.1L	ψ3 1. <b>2</b> 3	Ψ31.37				
Total	\$1,539.12	\$2,776.73	\$3,865.58				
	<b>EE ONLY</b>	EE+1	<b>FAMILY</b>				
Kaiser HMO	\$986.00	\$1,952.00	\$2,750.00				
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75				
VSP Choice	\$4.50	\$8.98	\$14.46				
EDC Admin Fee	\$17.12	\$34.25	\$51.37				
		_					
Total	\$1,055.12	\$2,080.73	\$2,934.58				
	55.01.11	4	= 4 4 4 H 1 /				
	EE ONLY	<u>EE+1</u>	FAMILY				
Kaiser HMO \$1600 ABHP	\$813.00	\$1,599.00	\$2,251.00				
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75				
VSP Choice	\$4.50	\$8.98	\$14.46				
EDC Admin Fee	\$17.12	\$34.25	\$51.37				

## HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2024

Blue Shield PPO \$2000 ABHP         \$1,014.00         \$1,831.00         \$2,542.00           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$21.66         \$39.19         \$54.5           Total         \$1,104.78         \$1,998.92         \$2,781.1           EE ONLY         \$1,198.92         \$2,781.1           Blue Shield PPO \$1600 ABHP         \$1,128.00         \$2,033.00         \$2,825.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$23.94         \$43.23         \$60.1           Total         \$1,221.06         \$2,204.96         \$3,069.7           Blue Shield PPO \$200         \$1,470.00         \$2,648.00         \$3,681.0           Delta Dental PPO+Premier         \$47.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25		Effective January 1, 2024							
Blue Shield PPO \$2000 ABHP         \$1,014.00         \$1,831.00         \$2,542.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$21.66         \$39.19         \$54.5           Total         \$1,104.78         \$1,998.92         \$2,781.1           EE ONLY         \$1,998.92         \$2,781.1           Blue Shield PPO \$1600 ABHP         \$1,128.00         \$2,033.00         \$2,825.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$23.94         \$43.23         \$60.1           Total         \$1,221.06         \$2,204.96         \$3,069.7           Blue Shield PPO \$200         \$1,470.00         \$2,648.00         \$3,681.0           Delta Dental PPO+Premier         \$47.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25	WITH RETI		RAGE						
Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$21.66         \$39.19         \$54.5           Total         \$1,104.78         \$1,998.92         \$2,781.1           Blue Shield PPO \$1600 ABHP         \$1,128.00         \$2,033.00         \$2,825.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$23.94         \$43.23         \$60.1           Total         \$1,221.06         \$2,204.96         \$3,069.7           Blue Shield PPO \$200         \$1,470.00         \$2,648.00         \$3,681.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$30.78         \$55.53				FAMILY					
VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$21.66         \$39.19         \$54.5           Total         \$1,104.78         \$1,998.92         \$2,781.1           EE ONLY EE+1 FAMILY           Blue Shield PPO \$1600 ABHP Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$23.94         \$43.23         \$60.1           Total         \$1,221.06         \$2,204.96         \$3,069.7           Blue Shield PPO \$200         \$1,470.00         \$2,648.00         \$3,681.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$1,470.00         \$2,648.00         \$3,681.0           Delta Dental PPO+Premier         \$4.50         \$8.98         \$14.4	·			\$2,542.00					
EDC Admin Fee \$17.12 \$34.25 \$51.3 2% Fee for retiree coverage \$21.66 \$39.19 \$54.5    Total \$1,104.78 \$1,998.92 \$2,781.1    Blue Shield PPO \$1600 ABHP \$1,128.00 \$2,033.00 \$2,825.0    Delta Dental PPO+Premier \$47.50 \$85.50 \$118.7    VSP Choice \$4.50 \$8.98 \$14.4    EE ONLY \$2,033.00 \$2,825.0    See Fee for retiree coverage \$23.94 \$43.23 \$60.1    Total \$1,221.06 \$2,204.96 \$3,069.7    Blue Shield PPO \$200 \$1,470.00 \$2,648.00 \$3,681.0    Delta Dental PPO+Premier \$47.50 \$85.50 \$118.7    VSP Choice \$4.50 \$8.98 \$14.4    EE ONLY \$2,648.00 \$3,681.0    Delta Dental PPO+Premier \$47.50 \$85.50 \$118.7    VSP Choice \$4.50 \$8.98 \$14.4    EDC Admin Fee \$17.12 \$34.25 \$51.3    EDC Admin Fee \$17.12 \$34.25 \$51.3    Total \$1,569.90 \$2,832.26 \$3,942.8    EE ONLY \$2,648.00 \$2,750.0    Delta Dental PPO+Premier \$47.50 \$85.50 \$118.7    VSP Choice \$4.50 \$8.98 \$14.4    EE ONLY \$2,648.00 \$2,750.0    See Fee for retiree coverage \$21.10 \$41.61 \$58.6    Total \$1,076.22 \$2,122.34 \$2,993.2    Kaiser HMO \$1600 ABHP \$813.00 \$1,599.00 \$2,251.0    See Fee for retiree coverage \$21.10 \$41.61 \$58.6    Total \$1,076.22 \$2,122.34 \$2,993.2    Kaiser HMO \$1600 ABHP \$813.00 \$1,599.00 \$2,251.0    See Fee for retiree coverage \$21.10 \$41.61 \$58.6    Total \$1,076.22 \$2,122.34 \$2,993.2    EE ONLY \$3,681.00 \$3,				\$118.75					
2% Fee for retiree coverage         \$21.66         \$39.19         \$54.5           Total         \$1,104.78         \$1,998.92         \$2,781.1           Blue Shield PPO \$1600 ABHP         \$1,128.00         \$2,033.00         \$2,825.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$23.94         \$43.23         \$60.1           Total         \$1,221.06         \$2,204.96         \$3,069.7           Blue Shield PPO \$200         \$1,470.00         \$2,648.00         \$3,069.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$30.78         \$55.53         \$77.3           Total         \$1,569.90         \$2,832.26         \$3,942.8           Kaiser HMO         \$986.00         \$1,952.00         \$2,750.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4		-	-	\$14.46					
State		•	-	\$51.37					
EE ONLY   EE+1   FAMILY	2% Fee for retiree coverage	\$21.66	\$39.19	\$54.53					
Blue Shield PPO \$1600 ABHP         \$1,128.00         \$2,033.00         \$2,825.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$23.94         \$43.23         \$60.1           Total         \$1,221.06         \$2,204.96         \$3,069.7           Blue Shield PPO \$200         \$1,470.00         \$2,648.00         \$3,681.0           Delta Dental PPO+Premier         \$47.50         \$8.550         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$30.78         \$55.53         \$77.3           Total         \$1,569.90         \$2,832.26         \$3,942.8           EE ONLY         EE+1         FAMILY           Kaiser HMO         \$986.00         \$1,952.00         \$2,750.0           Delta Dental PPO+Premier         \$47.50         \$8.550         \$118.7           VSP Choice         \$17.12         \$34.25         \$51.3 </td <td>Total</td> <td>\$1,104.78</td> <td>\$1,998.92</td> <td>\$2,781.11</td>	Total	\$1,104.78	\$1,998.92	\$2,781.11					
Blue Shield PPO \$1600 ABHP         \$1,128.00         \$2,033.00         \$2,825.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$23.94         \$43.23         \$60.1           Total         \$1,221.06         \$2,204.96         \$3,069.7           Blue Shield PPO \$200         \$1,470.00         \$2,648.00         \$3,681.0           Delta Dental PPO+Premier         \$47.50         \$8.550         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$30.78         \$55.53         \$77.3           Total         \$1,569.90         \$2,832.26         \$3,942.8           EE ONLY         EE+1         FAMILY           Kaiser HMO         \$986.00         \$1,952.00         \$2,750.0           Delta Dental PPO+Premier         \$47.50         \$8.550         \$118.7           VSP Choice         \$17.12         \$34.25         \$51.3 </td <td></td> <td>EE ONLY</td> <td>EE . 1</td> <td>FAMILY</td>		EE ONLY	EE . 1	FAMILY					
Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$23.94         \$43.23         \$60.1           Total         \$1,221.06         \$2,204.96         \$3,069.7           Total         \$1,221.06         \$2,204.96         \$3,069.7           Blue Shield PPO \$200         \$1,470.00         \$2,648.00         \$3,681.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           Total         \$1,569.90         \$2,832.26         \$3,942.8           EE ONLY         EE+1         FAMILY           Kaiser HMO         \$986.00         \$1,952.00         \$2,750.0           Delta Dental PPO+Premier         \$47.50         \$8.550         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           Total	Plus Chield DDO \$1600 APUD								
VSP Choice \$4.50 \$8.98 \$14.4 EDC Admin Fee \$17.12 \$34.25 \$51.3 2% Fee for retiree coverage \$23.94 \$43.23 \$60.1    Total \$1,221.06 \$2,204.96 \$3,069.7    EE ONLY EE+1 FAMILY SHULLY FAMILY SHULLY FAMILY SHULLY FAMILY FAMILY SHULLY FAMILY SHULLY FAMILY FAMIL	•								
EDC Admin Fee \$17.12 \$34.25 \$51.3 2% Fee for retiree coverage \$23.94 \$43.23 \$60.1    Total \$1,221.06 \$2,204.96 \$3,069.7    EE ONLY EE+1 FAMILY SHILLY			-						
2% Fee for retiree coverage       \$23.94       \$43.23       \$60.1         Total       \$1,221.06       \$2,204.96       \$3,069.7         EE ONLY EE+1 FAMILY FAMILY FAMILY SALES FAMILY SALES FAMILY SALES FAMILY SALES FAMILY SALES FAMILY FAMILY SALES									
Signature   Sign		•							
EE ONLY   EE+1   FAMILY   FA	2% ree for retiree coverage	\$23.94	\$43.23	\$60.19					
Blue Shield PPO \$200         \$1,470.00         \$2,648.00         \$3,681.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$30.78         \$55.53         \$77.3           Total         \$1,569.90         \$2,832.26         \$3,942.8           EE ONLY         EE+1         FAMILY           Kaiser HMO         \$986.00         \$1,952.00         \$2,750.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$21.10         \$41.61         \$58.6           Total         \$1,076.22         \$2,122.34         \$2,993.2           EE ONLY         EE+1         FAMILY           Kaiser HMO \$1600 ABHP         \$813.00         \$1,599.00         \$2,251.0           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee	Total	\$1,221.06	\$2,204.96	\$3,069.77					
Blue Shield PPO \$200         \$1,470.00         \$2,648.00         \$3,681.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$30.78         \$55.53         \$77.3           Total         \$1,569.90         \$2,832.26         \$3,942.8           EE ONLY         EE+1         FAMILY           Kaiser HMO         \$986.00         \$1,952.00         \$2,750.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$21.10         \$41.61         \$58.6           Total         \$1,076.22         \$2,122.34         \$2,993.2           EE ONLY         EE+1         FAMILY           Kaiser HMO \$1600 ABHP         \$813.00         \$1,599.00         \$2,251.0           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee									
Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$30.78         \$55.53         \$77.3           Total         \$1,569.90         \$2,832.26         \$3,942.8           EE ONLY EE+1 FAMILY           Kaiser HMO         \$986.00         \$1,952.00         \$2,750.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$1,076.22         \$2,122.34         \$2,993.2           Total         \$1,076.22         \$2,122.34         \$2,993.2           Kaiser HMO \$1600 ABHP         \$813.00         \$1,599.00         \$2,251.0           Delta Dental PPO+Premier         \$47.50         \$8.55         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverag									
VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$30.78         \$55.53         \$77.3           Total         \$1,569.90         \$2,832.26         \$3,942.8           EE ONLY EE+1 FAMILY           Kaiser HMO         \$986.00         \$1,952.00         \$2,750.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$21.10         \$41.61         \$58.6           Total         \$1,076.22         \$2,122.34         \$2,993.2           Kaiser HMO \$1600 ABHP         \$813.00         \$1,599.00         \$2,251.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$17.64         \$34.55         \$48.7									
EDC Admin Fee \$17.12 \$34.25 \$51.3 2% Fee for retiree coverage \$30.78 \$55.53 \$77.3 \$7				\$118.75					
2% Fee for retiree coverage       \$30.78       \$55.53       \$77.3         Total       \$1,569.90       \$2,832.26       \$3,942.8         EE ONLY EE+1 FAMILY FAMILY FAMILY Sp86.00       \$1,952.00       \$2,750.0         Delta Dental PPO+Premier \$47.50       \$85.50       \$118.7         VSP Choice \$4.50       \$8.98       \$14.4         EDC Admin Fee \$17.12       \$34.25       \$51.3         2% Fee for retiree coverage       \$21.10       \$41.61       \$58.6         Total       \$1,076.22       \$2,122.34       \$2,993.2         Kaiser HMO \$1600 ABHP \$813.00       \$1,599.00       \$2,251.0         Delta Dental PPO+Premier \$47.50       \$85.50       \$118.7         VSP Choice \$4.50       \$8.98       \$14.4         EDC Admin Fee \$17.12       \$34.25       \$51.3         2% Fee for retiree coverage       \$17.64       \$34.55       \$48.7		-	-						
Total         \$1,569.90         \$2,832.26         \$3,942.8           Kaiser HMO         \$986.00         \$1,952.00         \$2,750.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$21.10         \$41.61         \$58.6           Total         \$1,076.22         \$2,122.34         \$2,993.2           Kaiser HMO \$1600 ABHP         \$813.00         \$1,599.00         \$2,251.0           Delta Dental PPO+Premier         \$47.50         \$8.55         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$17.64         \$34.55         \$48.7			-						
Kaiser HMO         \$986.00         \$1,952.00         \$2,750.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$21.10         \$41.61         \$58.6           Total         \$1,076.22         \$2,122.34         \$2,993.2           Kaiser HMO \$1600 ABHP         \$813.00         \$1,599.00         \$2,251.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$17.64         \$34.55         \$48.7	2% Fee for retiree coverage	\$30.78	\$55.53	\$77.31					
Kaiser HMO         \$986.00         \$1,952.00         \$2,750.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$21.10         \$41.61         \$58.6           Total         \$1,076.22         \$2,122.34         \$2,993.2           Kaiser HMO \$1600 ABHP         \$813.00         \$1,599.00         \$2,251.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$17.64         \$34.55         \$48.7	Total	\$1,569.90	\$2,832.26	\$3,942.89					
Kaiser HMO         \$986.00         \$1,952.00         \$2,750.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$21.10         \$41.61         \$58.6           Total         \$1,076.22         \$2,122.34         \$2,993.2           Kaiser HMO \$1600 ABHP         \$813.00         \$1,599.00         \$2,251.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$17.64         \$34.55         \$48.7									
Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$21.10         \$41.61         \$58.6           Total         \$1,076.22         \$2,122.34         \$2,993.2           EE ONLY         EE+1         FAMILY           Kaiser HMO \$1600 ABHP         \$813.00         \$1,599.00         \$2,251.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$17.64         \$34.55         \$48.7		<b>EE ONLY</b>	<u>EE+1</u>	<b>FAMILY</b>					
VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$21.10         \$41.61         \$58.6           Total         \$1,076.22         \$2,122.34         \$2,993.2           EE ONLY         EE+1         FAMILY           Kaiser HMO \$1600 ABHP         \$813.00         \$1,599.00         \$2,251.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$17.64         \$34.55         \$48.7	Kaiser HMO	\$986.00		\$2,750.00					
EDC Admin Fee \$17.12 \$34.25 \$51.3 2% Fee for retiree coverage \$21.10 \$41.61 \$58.6 \$			\$85.50	\$118.75					
2% Fee for retiree coverage       \$21.10       \$41.61       \$58.6         Total       \$1,076.22       \$2,122.34       \$2,993.2         EE ONLY EE+1 FAMILY         Kaiser HMO \$1600 ABHP Delta Dental PPO+Premier       \$813.00       \$1,599.00       \$2,251.0         VSP Choice \$47.50       \$85.50       \$118.7         VSP Choice EDC Admin Fee 2% Fee for retiree coverage       \$17.12       \$34.25       \$51.3         2% Fee for retiree coverage       \$17.64       \$34.55       \$48.7			•	\$14.46					
Total         \$1,076.22         \$2,122.34         \$2,993.2           EE ONLY         EE+1         FAMILY           Kaiser HMO \$1600 ABHP         \$813.00         \$1,599.00         \$2,251.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$17.64         \$34.55         \$48.7	EDC Admin Fee			\$51.37					
Kaiser HMO \$1600 ABHP         \$813.00         \$1,599.00         \$2,251.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$17.64         \$34.55         \$48.7	2% Fee for retiree coverage	\$21.10	\$41.61	\$58.69					
Kaiser HMO \$1600 ABHP         \$813.00         \$1,599.00         \$2,251.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$17.64         \$34.55         \$48.7	Total	\$1,076.22	\$2,122.34	\$2,993.27					
Kaiser HMO \$1600 ABHP         \$813.00         \$1,599.00         \$2,251.0           Delta Dental PPO+Premier         \$47.50         \$85.50         \$118.7           VSP Choice         \$4.50         \$8.98         \$14.4           EDC Admin Fee         \$17.12         \$34.25         \$51.3           2% Fee for retiree coverage         \$17.64         \$34.55         \$48.7									
Delta Dental PPO+Premier       \$47.50       \$85.50       \$118.7         VSP Choice       \$4.50       \$8.98       \$14.4         EDC Admin Fee       \$17.12       \$34.25       \$51.3         2% Fee for retiree coverage       \$17.64       \$34.55       \$48.7				<b>FAMILY</b>					
VSP Choice       \$4.50       \$8.98       \$14.4         EDC Admin Fee       \$17.12       \$34.25       \$51.3         2% Fee for retiree coverage       \$17.64       \$34.55       \$48.7	-			\$2,251.00					
EDC Admin Fee \$17.12 \$34.25 \$51.3 2% Fee for retiree coverage \$17.64 \$34.55 \$48.7	Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75					
2% Fee for retiree coverage \$17.64 \$34.55 \$48.7	VSP Choice	\$4.50	\$8.98	\$14.46					
· · · · · ·	EDC Admin Fee	\$17.12	\$34.25	\$51.37					
Total \$200.76 \$1.762.29 \$2.494.2	2% Fee for retiree coverage	\$17.64	\$34.55	\$48.71					
10tai \$699.76 \$1,762.28 \$2,464.2	Total	\$899.76	\$1,762.28	\$2,484.29					

Effective January 1, 2024

Effective January 1, 2024							
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>				
Blue Shield PPO ABHP High (\$2000)	\$1,014.00	\$1,831.00	\$2,542.00				
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75				
VSP Choice	\$4.50	\$8.98	\$14.46				
EDC Admin Fee	\$17.12	\$34.25	\$51.37				
2% COBRA Admin Fee	\$21.66	\$39.19	\$54.53				
	_	_	_				
Total	\$1,104.78	\$1,998.92	\$2,781.11				
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>				
Blue Shield PPO ABHP Low (\$1600)	\$1,128.00	\$2,033.00					
Delta Dental PPO+Premier	\$47.50	\$85.50					
VSP Choice	\$4.50	\$8.98	\$14.46				
EDC Admin Fee	\$17.12	\$34.25	\$51.37				
2% COBRA Admin Fee	\$23.94	\$43.23	\$60.19				
<b>Total</b>	\$1,221.06	\$2,204.96	\$3,069.77				
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>				
Blue Shield PPO Standard (\$200)	\$1,470.00	\$2,648.00					
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75				
VSP Choice	\$4.50	\$8.98	\$14.46				
EDC Admin Fee	\$17.12	\$34.25	\$51.37				
2% COBRA Admin Fee	\$30.78	\$55.53	\$77.31				
Total	\$1,569.90	\$2,832.26	\$3,942.89				
	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>				
Kaiser HMO	\$986.00	\$1,952.00	\$2,750.00				
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75				
VSP Choice	\$4.50	\$8.98	\$14.46				
EDC Admin Fee	\$17.12	\$34.25	\$51.37				
2% COBRA Admin Fee	\$21.10	\$41.61	\$58.69				
Total	\$1,076.22	\$2,122.34	\$2,993.27				
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>				
Kaiser HMO ABHP (\$1600)	\$813.00	\$1,599.00	\$2,251.00				
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75				
VSP Choice	\$4.50	\$8.98	\$14.46				
EDC Admin Fee	\$17.12	\$34.25	\$51.37				
2% COBRA Admin Fee	\$17.64	\$34.55	\$48.71				
Total	\$899.76	\$1,762.28	\$2,484.29				
		,					
Employee Assista	nce Prograi	m (EAP)					
\$3.39 regardless of number enrolled							
\$3.39	regardiess of	r number enr	ollea				