

ATTACHMENT B - OE3 Trust

	Approved Rate	Revised Rate	Adjusted Contribution Rate	Enrolled	OE3 Tier Monthly Total	Annual Total
<b>Employee</b>						
County Contribution	289.32	286.86	(2.46)		(56.58)	(678.96)
EE Contribution	54.68	57.14	2.46	23	56.58	678.96
Total	344.00	344.00	0.00			
<b>Employee +1</b>						
County Contribution	573.14	568.22	(4.92)		(142.68)	(1712.16)
EE Contribution	113.86	118.78	4.92	29	142.68	1712.16
Total	687.00	687.00	0.00			
<b>Family</b>						
County Contribution	809.73	802.78	(6.95)		(389.20)	(4670.40)
EE Contribution	156.77	163.72	6.95	56	389.20	4670.40
Total	966.50	966.50	0.00			
ER Grand Total					(588.46)	(7061.52)
EE Grand Total					588.46	7061.52

The County contribution for the OE3 Trust Kaiser plan is based on the County Contribution for the Local 1 Kaiser HMO.