For employees in Local 1, OE3 and Probation (GE, PL, SU, TC, PR & CR)

Effective January 1, 2017

Contributions are deducted over 24 pay periods

	FULL TII	ME 64+ HO	URS (PER	PART T	PART TIME 40 - 63 HOURS		PART T	PART TIME 32 - 39 HOURS		
	1	PAY PERIO	D)	(PE	R PAY PER	IOD)	(PE	R PAY PER	IOD)	
	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 \$1300 ABHP	\$441.98	\$796.89	\$1,107.93	\$441.98	\$796.89	\$1,107.93	\$441.98	\$796.89	\$1,107.93	
EDC Admin Fee	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	
Total	\$451.47	\$815.87	\$1,136.40	\$451.47	\$815.87	\$1,136.40	\$451.47	\$815.87	\$1,136.40	
Employer	\$361.18	\$652.69	\$909.12	\$270.88	\$489.52	\$681.84	\$180.59	\$326.35	\$454.56	
Employee	\$90.29	\$163.17	\$227.28	\$180.59	\$326.35	\$454.56	\$270.88	\$489.52	\$681.84	
	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 \$200	\$574.98	\$1,036.39	\$1,440.43	\$574.98	\$1,036.39	\$1,440.43	\$574.98	\$1,036.39	\$1,440.43	
EDC Admin Fee	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	
Total	\$584.47	\$1,055.37	\$1,468.90	\$584.47	\$1,055.37	\$1,468.90	\$584.47	\$1,055.37	\$1,468.90	
Employer	\$467.58	\$844.29	\$1,175.12	\$350.68	\$633.22	\$881.34	\$233.79	\$422.15	\$587.56	
Employee	\$116.89	\$211.07	\$293.78	\$233.79	\$422.15	\$587.56	\$350.68	\$633.22	\$881.34	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Kaiser HMO	\$320.92	\$634.18	\$894.18	\$320.92	\$634.18	\$894.18	\$320.92	\$634.18	\$894.18	
EDC Admin Fee	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	
			4		4	4			4	
Total	\$330.41	\$653.16	\$922.65	\$330.41	\$653.16	\$922.65	\$330.41	\$653.16	\$922.65	
Employer	\$264.33	\$522.52	\$738.12	\$198.25	\$391.89	\$553.59	\$132.16	\$261.26	\$369.06	
Employee	\$66.08	\$130.63	\$184.53	\$132.16	\$261.26	\$369.06	\$198.25	\$391.89	\$553.59	
	<b>EE ONLY</b>	<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>	
Kaiser HMO \$1300 ABHP	\$263.50	\$519.36	\$731.72	\$263.50	\$519.36	\$731.72	\$263.50	\$519.36	\$731.72	
EDC Admin Fee	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	
				1.			1.			
Total	\$272.99	\$538.34	\$760.19	\$272.99	\$538.34	\$760.19	\$272.99	\$538.34	\$760.19	
Employer	\$218.39	\$430.67	\$608.15	\$163.79	\$323.00	\$456.11	\$109.19	\$215.33	\$304.08	
Employee	\$54.60	\$107.67	\$152.04	\$109.19	\$215.33	\$304.08	\$163.79	\$323.00	\$456.11	

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

CA, CC & MA

Effective January 1, 2017

Contributions are deducted over 24 pay periods

	FULL	TIME 64+ I	HOURS	PART TIME 40 - 63 HOURS		PART T	PART TIME 32 - 39 HOURS		
	(PE	R PAY PER	IOD)	(PE	R PAY PER	IOD)	(PE	R PAY PER	IOD)
	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>
Blue Shield PPO \$1300 ABHP	\$441.98	\$796.89	\$1,107.93	\$441.98	\$796.89	\$1,107.93	\$441.98	\$796.89	\$1,107.93
EDC Admin Fee	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47
Tatal	¢454 47	\$815.87	\$1,136.40	\$451.47	\$815.87	\$1,136.40	C454 47	Ć04E 07	ć1 12C 10
Total Employer	\$451.47 \$293.46	\$530.31	\$1,136.40	\$451.47	\$397.73	\$1,136.40	\$451.47 \$146.73	\$815.87 \$265.16	\$1,136.40 \$369.33
Employee Employee	\$293.46 <b>\$158.01</b>	\$285.55	\$397.74	\$220.09 <b>\$231.38</b>	\$397.73 <b>\$418.13</b>	\$555.99 <b>\$582.40</b>	\$146.73 <b>\$304.74</b>	\$203.10 <b>\$550.71</b>	\$309.33 <b>\$767.07</b>
Elliployee	\$156.01	<b>3203.33</b>	3397.74		3410.13	336Z.4U		•	\$707.07
	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 \$200	\$574.98	\$1,036.39	\$1,440.43	\$574.98	\$1,036.39	\$1,440.43	\$574.98	\$1,036.39	\$1,440.43
EDC Admin Fee	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47
Total	\$584.47	\$1,055.37	\$1,468.90	\$584.47	\$1,055.37	\$1,468.90	\$584.47	\$1,055.37	\$1,468.90
Employer	\$379.91	\$685.99	\$954.78	\$284.93	\$514.49	\$716.09	\$189.95	\$342.99	\$477.39
Employee	\$204.56	\$369.38	\$514.11	\$299.54	\$540.87	\$752.81	\$394.52	\$712.37	\$991.50
Kaiser HMO	EE ONLY	<u>EE+1</u> \$634.18	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY
EDC Admin Fee	\$320.92 \$9.49	\$634.18	\$894.18 \$28.47	\$320.92 \$9.49	\$634.18 \$18.98	\$894.18 \$28.47	\$320.92 \$9.49	\$634.18 \$18.98	\$894.18 \$28.47
EDC Admin Fee	Ş3.43	\$10.50	Ş20.47	Ş9.49	\$10.50	۶۷۵.4 <i>1</i>	Ş3.43	\$10.50	Ş20.4 <i>1</i>
Total	\$330.41	\$653.16	\$922.65	\$330.41	\$653.16	\$922.65	\$330.41	\$653.16	\$922.65
Employer	\$214.77	\$424.55	\$599.72	\$161.07	\$318.41	\$449.79	\$107.38	\$212.28	\$299.86
Employee	\$115.64	\$228.60	\$322.93	\$169.34	\$334.74	\$472.86	\$223.03	\$440.88	\$622.79
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Kaiser HMO \$1300 ABHP	\$263.50	\$519.36	\$731.72	\$263.50	\$519.36	\$731.72	\$263.50	\$519.36	\$731.72
EDC Admin Fee	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47
	,		·						,
Total	\$272.99	\$538.34	\$760.19	\$272.99	\$538.34	\$760.19	\$272.99	\$538.34	\$760.19
Employer	\$177.44	\$349.92	\$494.12	\$133.08	\$262.44	\$370.59	\$88.72	\$174.96	\$247.06
<b>Employee</b>	\$95.54	\$188.42	\$266.07	\$139.90	\$275.90	\$389.60	\$184.26	\$363.38	\$513.13
		loyees receive		NOTE: Employees receive \$4,500 over				loyees receive	
		ods in Optiona	-		ods in Optiona	-		ods in Optiona	-
		ch can be used			ch can be used			ch can be used	
		ontributions.	(24 pay		ontributions.	(24 pay		ontributions.	(24 pay
	periods at \$	250 each)		periods at \$188 each)			periods at \$	5125 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.

### For employees in bargaining units

#### SA

Effective January 1, 2017

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS				
	<b>EE ONLY</b>	<u>EE+1</u>	<b>FAMILY</b>		
Blue Shield PPO \$1300 ABHP	\$441.98	\$796.89	\$1,107.93		
EDC Admin Fee	\$9.49	\$18.98	\$28.47		
Total	\$451.47	\$815.87	\$1,136.40		
Employer	\$293.46	\$530.31	\$738.66		
Employee	\$158.01	\$285.55	\$397.74		
	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>		
Blue Shield PPO \$200	\$574.98	\$1,036.39	\$1,440.43		
EDC Admin Fee	\$9.49	\$18.98	\$28.47		
Total	\$584.47	\$1,055.37	\$1,468.90		
Employer	\$379.91	\$685.99	\$954.78		
Employee	\$204.56	\$369.38	\$514.11		
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
Kaiser HMO	\$320.92	\$634.18	\$894.18		
EDC Admin Fee	\$9.49	\$18.98	\$28.47		
Total	\$330.41	\$653.16	\$922.65		
Employer	\$214.77	\$424.55	\$599.72		
Employee	\$115.64	\$228.60	\$322.93		
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
Kaiser HMO \$1300 ABHP	\$263.50	\$519.36	\$731.72		
EDC Admin Fee	\$9.49	\$18.98	\$28.47		
Total	\$272.99	\$538.34	\$760.19		
Employer	\$177.44	\$349.92	\$494.12		
Employee	\$95.54	\$188.42	\$266.07		
	NOTE: Employees receive \$4,108 over				
	24 pay periods in Optional Benefit				
		ch can be used			
		ontributions. ( 171 17 each)	24 pay		
	periods at \$171.17 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.

### For employees in bargaining units

#### CO, EL, SM, UM & UD

Effective January 1, 2017

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS		PART T	PART TIME 40 - 63 HOURS		PART TIME 32 - 39 HOURS			
	(PE	R PAY PER	IOD)	(PE	R PAY PER	IOD)	(PE	R PAY PER	IOD)
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$441.98	\$796.89	\$1,107.93	\$441.98	\$796.89	\$1,107.93	\$441.98	\$796.89	\$1,107.93
EDC Admin Fee	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47
Total	\$451.47	\$815.87	\$1,136.40	\$451.47	\$815.87	\$1,136.40	\$451.47	\$815.87	\$1,136.40
Employer	\$301.61	\$545.33	\$759.92	\$226.21	\$408.99	\$569.94	\$150.81	\$272.66	\$379.96
Employee	\$149.86	\$270.54	\$376.48	\$225.26	\$406.87	\$566.46	\$300.67	\$543.20	\$756.44
	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 \$200	\$574.98	\$1,036.39	\$1,440.43	\$574.98	\$1,036.39	\$1,440.43	\$574.98	\$1,036.39	\$1,440.43
EDC Admin Fee	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47
Total	\$584.47	\$1,055.37	\$1,468.90	\$584.47	\$1,055.37	\$1,468.90	\$584.47	\$1,055.37	\$1,468.90
Employer	\$394.01	\$711.86	\$990.92	\$295.51	\$533.89	\$743.19	\$197.01	\$355.93	\$495.46
Employee	\$190.46	\$343.51	\$477.98	\$288.96	\$521.47	\$725.71	\$387.47	\$699.44	\$973.44
	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>
Kaiser HMO	\$320.92	\$634.18	\$894.18	\$320.92	\$634.18	\$894.18	\$320.92	\$634.18	\$894.18
EDC Admin Fee	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47
Total	\$330.41	\$653.16	\$922.65	\$330.41	\$653.16	\$922.65	\$330.41	\$653.16	\$922.65
Employer	\$219.83	\$431.99	\$609.21	\$164.87	\$323.99	\$456.90	\$109.92	\$215.99	\$304.60
Employee	\$110.58	\$221.17	\$313.44	\$165.54	\$329.17	\$465.74	\$220.50	\$437.16	\$618.04
	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>
Kaiser HMO \$1300 ABHP	\$263.50	\$519.36	\$731.72	\$263.50	\$519.36	\$731.72	\$263.50	\$519.36	\$731.72
EDC Admin Fee	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47	\$9.49	\$18.98	\$28.47
Total	\$272.99	\$538.34	\$760.19	\$272.99	\$538.34	\$760.19	\$272.99	\$538.34	\$760.19
Employer	\$181.45	\$355.25	\$500.64	\$136.08	\$266.43	\$375.48	\$90.72	\$177.62	\$250.32
Employee	\$91.54	\$183.09	\$259.55	\$136.90	\$271.90	\$384.71	\$182.26	\$360.71	\$509.87
		loyees receive		NOTE: Employees receive \$4,500 over 24 pay periods in Optional Benefit			NOTE: Employees receive \$3,000 over		
		ods in Optiona	-		•	-		ods in Optiona	-
		ch can be used ontributions.			ch can be used ontributions.			ich can be use ontributions.	
	periods at \$		(∠4 μuy			(24 μuy	periods at \$		(24 µuy
	perious at \$	230 EULII)		periods at \$188 each)			perious at \$	DIZD EUCH)	

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.

#### **ACA COMPLIANT PLAN\***

#### Effective January 1, 2017

Contributions are deducted over 24 pay periods

	<b>EE ONLY</b>	<u>EE+1</u>	<b>FAMILY</b>
Blue Shield PPO \$2000 ABHP	\$398.48	\$718.89	\$999.43
EDC Admin Fee	\$9.49	\$18.98	\$28.47
Total	\$407.97	\$737.87	\$1,027.90
Employer	\$362.31	\$362.31	\$362.31
Employee	\$45.66	\$375.56	\$665.59

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.

\*THIS IS A COUNTY SPONSORED HEALTH PLAN THAT MEETS BOTH THE MINIMUM ESSENTIAL COVERAGE (MEC) AND AFFORDABILITY REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA)

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

Effective January 1, 2017

Contributions are deducted over 24 pay periods

FULL TIME 64+ HOURS (PER PAY PERIOD)   For employees in Local 1, OE3 and Probation   EE ONLY   EE+1   FAMILY   \$27.14   \$48.86   \$67.86   \$2.29   \$4.58   \$7.38   \$1.38   \$1.38   \$2.29   \$4.58   \$7.38   \$2.29   \$4.58   \$4	ERIOD) Local 1, OE3		
For employees in Local 1, OE3 and Probation EE ONLY \$27.14 \$48.86 \$67.86  For employees in Local 1, OE3 and Probation EE ONLY \$27.14 \$48.86 \$67.86  For employees in Local 1, OE3 and Probation EE ONLY \$27.14 \$48.86 \$67.86  For employees in Local 1, OE3 and Probation EE ONLY \$27.14 \$48.86 \$67.86  \$27.14 \$48.86 \$67.86	Local 1, OE3		
and Probation         EE ONLY         EE+1         FAMILY         \$27.14         \$48.86         \$67.86         \$27.14         \$48.86			
DELTA DENTAL PPO+PREMIER         EE ONLY   EE+1   FAMILY   \$48.86   \$67.86   \$27.14   \$48.86   \$27.14   \$48.86   \$27.14   \$48.86   \$27.14   \$48.86   \$27.14   \$48.86   \$27.14   \$48.86   \$27.14   \$48.86   \$27.14   \$48.86   \$27.14   \$48.86   \$27.14   \$48.86   \$27.14   \$48.86   \$27.14   \$48.86   \$27.14   \$48.86   \$27.14   \$48.86   \$27.14   \$48.86   \$27.14   \$48.86   \$27.14   \$48.86   \$4	ition		
DELTA DENTAL PPO+PREMIER         \$27.14         \$48.86         \$67.86         \$27.14         \$48.86         \$67.86         \$27.14         \$48.86			
	<u>FAMILY</u>		
VSP CHOICE         \$2.29         \$4.58         \$7.38         \$2.29         \$4.58         \$7.38         \$2.29         \$4.58			
	58 \$7.38		
L			
Total \$29.43 \$53.44 \$75.23 \$29.43 \$53.44 \$75.23 \$29.43 \$53.			
Employer       \$23.54       \$42.75       \$60.18       \$17.66       \$32.06       \$45.14       \$11.77       \$21.         Employee       \$5.89       \$10.69       \$15.05       \$11.77       \$21.37       \$30.09       \$17.66       \$32.06			
Employee \$5.89 \$10.69 \$15.05 \$11.77 \$21.37 \$30.09 \$17.66 \$32.	<mark>)6 \$45.14</mark>		
For employees in bargaining For employees in bargaining For employees in	bargaining		
units CA, CC & MA units CA, CC & MA units CA, CC	: & MA		
<u>EE ONLY</u> <u>EE+1</u> <u>FAMILY</u> <u>EE ONLY</u> <u>EE+1</u> <u>FAMILY</u> <u>EE ONLY</u> <u>EE+1</u>	<b>FAMILY</b>		
<b>DELTA DENTAL PPO+PREMIER</b> \$27.14 \$48.86 \$67.86 \$27.14 \$48.86 \$67.86 \$27.14 \$48.	36 \$67.86		
<b>VSP CHOICE</b> \$2.29 \$4.58 \$7.38 \$2.29 \$4.58 \$7.38 \$2.29 \$4.58	\$7.38		
Total \$29.43 \$53.44 \$75.23 \$29.43 \$53.44 \$75.23 \$29.43 \$53.			
Employer \$19.13 \$34.73 \$48.90 \$14.35 \$26.05 \$36.67 \$9.56 \$17.			
Employee \$10.30 \$18.70 \$26.33 \$15.08 \$27.39 \$38.56 \$19.87 \$36.	<b>550.78</b>		
pay periods in Optional Benefit credits, pay periods in Optional Benefit credits, which can be used to offset employee which can be used to offset employee which can be used to offset employee	NOTE: Employees receive \$3,000 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$125		
each) each)	70 d3 dt \$123		
For employees in bargaining			
unit SA			
<u>EE ONLY</u> <u>EE+1</u> <u>FAMILY</u>			
DELTA DENTAL PPO+PREMIER \$27.14 \$48.86 \$67.86			
<b>VSP CHOICE</b> \$2.29 \$4.58 \$7.38			
Total \$29.43 \$53.44 \$75.23			
Employer \$19.13 \$34.73 \$48.90			
Employee \$10.30 \$18.70 \$26.33			
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)			
For employees in bargaining For employees in bargaining For employees in	bargaining		
units units units units			
CO, EL, SM, UM & UD CO, EL, SM, UM & UD CO, EL, SM, U	M & UD		
EE ONLY EE+1 FAMILY EE ONLY EE+1 FAMILY EE ONLY EE+1	<u>FAMILY</u>		
DELTA DENTAL PPO+PREMIER         \$27.14         \$48.86         \$67.86         \$27.14         \$48.86         \$67.86         \$27.14         \$48.86	36 \$67.86		
VSP CHOICE         \$2.29         \$4.58         \$7.38         \$2.29         \$4.58         \$7.38         \$2.29         \$4.58         \$7.38	58 \$7.38		
7-1-1			
Total \$29.43 \$53.44 \$75.23 \$29.43 \$53.44 \$75.23 \$29.43 \$53.			
Employer \$19.01 \$34.49 \$48.51 \$14.26 \$25.86 \$36.38 \$9.51 \$17.			
Employee \$10.42 \$18.95 \$26.72 \$15.17 \$27.57 \$38.85 \$19.93 \$36.	<u>-</u>		
NOTE: Employees receive \$6,000 over 24 NOTE: Employees receive \$4,500 over 24 NOTE: Employees receive			
pay periods in Optional Benefit credits, pay periods in Optional Benefit credits, pay periods in Optional Benefit credits, which can be used to offset employee which can be used to offset employee which can be used to offset employee	-		
contributions. (24 pay periods at \$250 contributions. (24 pay periods at \$188 contributions)			
each) each)			

## HEALTH PLAN CONTRIBUTION RATES RETIREES

Effective January 1, 2017 - December 31, 2017

Monthly Rates and Contributions

EARLY RETIREE	EARLY RETIREES (PRE 65 NO MEDICARE)						
	RETIREE ONLY	RETIREE+1	FAMILY				
Blue Shield PPO \$2000 ABHP	\$796.96						
VSP Choice	\$4.58	\$9.16	\$14.75				
EDC Admin Fee	\$18.98	\$37.96	\$56.94				
Total	\$820.52	\$1,484.89	\$2,070.54				
	RETIREE ONLY	RETIREE+1	FAMILY				
Blue Shield PPO \$1300 ABHP	\$883.96						
VSP Choice	\$4.58		\$14.75				
EDC Admin Fee	\$18.98	\$37.96	\$56.94				
Total	\$907.52	\$1,640.89	\$2,287.54				
	RETIREE ONLY	RETIREE+1	FAMILY				
Blue Shield PPO \$200	\$1,149.96						
VSP Choice	\$4.58	\$9.16	\$14.75				
EDC Admin Fee	\$18.98	\$37.96	\$56.94				
Total	\$1,173.52	\$2,119.89	\$2,952.54				
	RETIREE ONLY	RETIREE+1	FAMILY				
Kaiser HMO	\$641.84	\$1,268.35	\$1,788.35				
VSP Choice	\$4.58	\$9.16	\$14.75				
EDC Admin Fee	\$18.98	\$37.96	\$56.94				
Total	\$665.40	\$1,315.47	\$1,860.04				
	RETIREE ONLY	RETIREE+1	FAMILY				
Kaiser HMO \$1300 ABHP	\$526.99						
VSP Choice	\$4.58	\$9.16	\$14.75				
EDC Admin Fee	\$18.98	\$37.96	\$56.94				
	•	•	•				
Total	\$550.55	\$1,085.83	\$1,535.13				

RETIREE HEALTH CONTRIBUTION (RHC)					
YEARS OF SERVICE	<u>LEVEL</u>	PRE 65	<u>65+</u>		
12 THRU 14	LEVEL 1	\$339.81	\$139.07		
15 THRU 19	LEVEL 2	\$514.86	\$210.71		
20 +	LEVEL 3	\$689.91	\$282.35		
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$1,029.71	\$421.41		

<sup>\*</sup>The 4-Year option is only available to Local 1 members with 20+ years of service and must have been elected at the time of retirement.

MEDICARE RETIREES (	ENROLLED IN	PARTS A&B		
	1 IN A&B	1 IN 1 OUT	2 IN A&B	
UHC Advantage PPO	\$395.83	-	\$791.66	
EDC Admin Fee	\$18.98	-	\$37.96	
EBS Fee (for non CSAC-EIA plan)	\$6.75	-	\$13.50	
Total	\$421.56	\$0.00	\$843.12	
	1 IN A&B	1 IN 1 OUT	2 IN A&B	
Kaiser Senior Advantage (KSA)	\$424.64	\$1,066.00	\$834.03	
EDC Admin Fee	\$18.98	\$37.96	\$37.96	
Total	\$443.62	\$1,103.96	\$871.99	
This plan includes a vision component				
If you elect coverage		•••	then choose	
for yourself and you have Medicare A&	&B		1 IN A&E	
for yourself and 1 dependent, and one enrolled in Medicare A&B and one is n		1 IN 1 OU		
for yourself and 1 dependent and both of you are enrolled in Medicare A&B				

OPTIONAL DENTAL COVERAGE*					
	RETIREE ONLY	RETIREE+1	<b>FAMILY</b>		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71		
*if you previously dropped dental coverage, you cannot reenroll					

OPTIONAL VSP COVERAGE FOR MEDICARE RETIREES*						
<u>1 IN A&amp;B</u> <u>1 IN 1 OUT</u> <u>2 IN A&amp;B</u>						
VSP Choice	\$4.58	\$9.16	\$9.16			
*Medicare Retirees have the option of purchasing VSP at the time of initial						
enrollment						

Special rates apply to retirees enrolled in Kaiser who are over the age of 65 and are not enrolled in both Medicare Parts A & B. These rates are significantly more expensive than the Early Retiree or Kaiser Senior Advantage (KSA) rates. If you believe you may fall into this category, please contact Risk Management for a rate sheet, or visit the Risk Management website at: www.edcgov.us/Government/Risk.

# HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2017

WITH NO RET	WITH NO RETIREE COVERAGE						
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>				
Blue Shield PPO \$2000 ABHP	\$796.96	\$1,437.77	\$1,998.85				
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71				
VSP Choice	\$4.58	\$9.16	\$14.75				
EDC Admin Fee	\$18.98	\$37.96	\$56.94				
Total	\$874.80	\$1,582.60	\$2,206.25				
	EE ONLY	<u>EE+1</u>	FAMILY				
Blue Shield PPO \$1300 ABHP	\$883.96	\$1,593.77	\$2,215.85				
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71				
VSP Choice	\$4.58	\$9.16	\$14.75				
EDC Admin Fee	\$18.98	\$37.96	\$56.94				
Total	\$961.80	\$1,738.60	\$2,423.25				
	<b></b>						
	EE ONLY	<u>EE+1</u>	FAMILY				
Blue Shield PPO \$200	\$1,149.96	\$2,072.77	\$2,880.85				
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71				
VSP Choice	\$4.58	\$9.16	\$14.75				
EDC Admin Fee	\$18.98	\$37.96	\$56.94				
Total	\$1,227.80	\$2,217.60	\$3,088.25				
Total	\$1,227.80	\$2,217.00	\$3,000.23				
	EE ONLY	EE+1	FAMILY				
Kaiser HMO	\$641.84	\$1,268.35	\$1,788.35				
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71				
VSP Choice	\$4.58	\$9.16	\$14.75				
EDC Admin Fee	\$18.98	\$37.96	\$56.94				
	Ψ20.50	ψοσο	φοσιο .				
Total	\$719.68	\$1,413.18	\$1,995.75				
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>				
Kaiser HMO \$1300 ABHP	\$526.99	\$1,038.71	\$1,463.44				
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71				
VSP Choice	\$4.58	\$9.16	\$14.75				
EDC Admin Fee	\$18.98	\$37.96	\$56.94				
Total	\$604.83	\$1,183.54	\$1,670.84				

# HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2017

WITH RETIREE COVERAGE					
	EE ONLY	<u>EE+1</u>	FAMILY		
Blue Shield PPO \$2000 ABHP	\$796.96	\$1,437.77	\$1,998.85		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71		
VSP Choice	\$4.58	\$9.16	\$14.75		
EDC Admin Fee	\$18.98	\$37.96	\$56.94		
2% Fee for retiree coverage	\$17.50	\$31.65	\$44.13		
Total	\$892.30	\$1,614.25	\$2,250.38		
	EE ONLY	<u>EE+1</u>	FAMILY		
Blue Shield PPO \$1300 ABHP	\$883.96	\$1,593.77	\$2,215.85		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71		
VSP Choice	\$4.58	\$9.16	\$14.75		
EDC Admin Fee	\$18.98	\$37.96	\$56.94		
2% Fee for retiree coverage	\$19.24	\$34.77	\$48.47		
Total	\$981.04	\$1,773.37	\$2,471.72		
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
Blue Shield PPO \$200	\$1,149.96	\$2,072.77	\$2,880.85		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71		
VSP Choice	\$4.58	\$9.16	\$14.75		
EDC Admin Fee	\$18.98	\$37.96	\$56.94		
2% Fee for retiree coverage	\$24.56	\$44.35	\$61.77		
Total	\$1,252.36	\$2,261.95	\$3,150.02		
		<u> </u>			
	EE ONLY	EE+1	FAMILY		
Kaiser HMO	\$641.84	\$1,268.35	\$1,788.35		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71		
VSP Choice	\$4.58	\$9.16	\$14.75		
EDC Admin Fee	\$18.98	\$37.96	\$56.94		
2% Fee for retiree coverage	\$14.39	\$28.26	\$39.92		
Total	\$734.07	\$1,441.44	\$2 035 67		
Total	Ş/3 <del>7</del> .0/	4±, <del>44</del>	72,033.07		
	EE ONLY	<u>EE+1</u>	FAMILY		
Kaiser HMO \$1300 ABHP	\$526.99	\$1,038.71	\$1,463.44		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71		
VSP Choice	\$4.58	\$9.16	\$14.75		
EDC Admin Fee	\$18.98	\$37.96	\$56.94		
2% Fee for retiree coverage	\$12.10	\$23.67	\$33.42		
	Ţ11.10	Ψ=5.07	433. IZ		
Total	\$616.93	\$1,207.21	\$1,704.26		

Effective January 1, 2017

Effective January 1, 2017				
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Blue Shield PPO \$2000 ABHP	\$796.96	\$1,437.77	\$1,998.85	
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71	
VSP Choice	\$4.58	\$9.16	\$14.75	
EDC Admin Fee	\$18.98	\$37.96	\$56.94	
2% COBRA Admin Fee	\$17.50	\$31.65	\$44.13	
Total	\$892.30	\$1,614.25	\$2,250.38	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Blue Shield PPO \$1300 ABHP	\$883.96	\$1,593.77	\$2,215.85	
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71	
VSP Choice	\$4.58	\$9.16	\$14.75	
EDC Admin Fee	\$18.98	\$37.96	\$56.94	
2% COBRA Admin Fee	\$19.24	\$34.77	\$48.47	
		_	_	
Total	\$981.04	\$1,773.37	\$2,471.72	
	EE 01	F	F A A 4/11/	
	EE ONLY	<u>EE+1</u>	FAMILY	
Blue Shield PPO \$200	\$1,149.96	\$2,072.77	\$2,880.85	
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71	
VSP Choice	\$4.58	\$9.16	\$14.75	
EDC Admin Fee	\$18.98	\$37.96	\$56.94	
2% COBRA Admin Fee	62456	¢442E	¢61 77	
270 COBRA AUIIIII FEE	\$24.56	\$44.35	\$61.77	
Total	\$24.56 <b>\$1,252.36</b>	\$44.35	\$3,150.02	
	\$1,252.36	\$2,261.95	\$3,150.02	
Total	\$1,252.36 EE ONLY	\$ <b>2,261.95</b> <u>EE+1</u>	\$3,150.02 FAMILY	
Total  Kaiser HMO	\$1,252.36 <u>EE ONLY</u> \$641.84	\$2,261.95 <u>EE+1</u> \$1,268.35	\$3,150.02 <u>FAMILY</u> \$1,788.35	
Total  Kaiser HMO  Delta Dental PPO+Premier	\$1,252.36 <u>EE ONLY</u> \$641.84 \$54.28	\$2,261.95 <u>EE+1</u> \$1,268.35 \$97.71	\$3,150.02 <u>FAMILY</u> \$1,788.35 \$135.71	
Total  Kaiser HMO  Delta Dental PPO+Premier VSP Choice	\$1,252.36 <u>EE ONLY</u> \$641.84 \$54.28 \$4.58	\$2,261.95 <u>EE+1</u> \$1,268.35 \$97.71 \$9.16	\$3,150.02 <u>FAMILY</u> \$1,788.35 \$135.71 \$14.75	
Total  Kaiser HMO  Delta Dental PPO+Premier  VSP Choice  EDC Admin Fee  2% COBRA Admin Fee	\$1,252.36 EE ONLY \$641.84 \$54.28 \$4.58 \$18.98 \$14.39	\$2,261.95 EE+1 \$1,268.35 \$97.71 \$9.16 \$37.96 \$28.26	\$3,150.02 <u>FAMILY</u> \$1,788.35 \$135.71 \$14.75 \$56.94 \$39.92	
Total  Kaiser HMO  Delta Dental PPO+Premier  VSP Choice  EDC Admin Fee	\$1,252.36 <u>EE ONLY</u> \$641.84 \$54.28 \$4.58 \$18.98	\$2,261.95 EE+1 \$1,268.35 \$97.71 \$9.16 \$37.96 \$28.26	\$3,150.02 <u>FAMILY</u> \$1,788.35 \$135.71 \$14.75 \$56.94	
Total  Kaiser HMO  Delta Dental PPO+Premier  VSP Choice  EDC Admin Fee  2% COBRA Admin Fee	\$1,252.36  EE ONLY \$641.84 \$54.28 \$4.58 \$18.98 \$14.39	\$2,261.95 EE+1 \$1,268.35 \$97.71 \$9.16 \$37.96 \$28.26	\$3,150.02 FAMILY \$1,788.35 \$135.71 \$14.75 \$56.94 \$39.92 \$2,035.67	
Total  Kaiser HMO  Delta Dental PPO+Premier  VSP Choice  EDC Admin Fee  2% COBRA Admin Fee  Total	\$1,252.36  EE ONLY \$641.84 \$54.28 \$4.58 \$18.98 \$14.39  \$734.07	\$2,261.95 EE+1 \$1,268.35 \$97.71 \$9.16 \$37.96 \$28.26 \$1,441.44 EE+1	\$3,150.02 <u>FAMILY</u> \$1,788.35 \$135.71 \$14.75 \$56.94 \$39.92 \$2,035.67 <u>FAMILY</u>	
Total  Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO \$1300 ABHP	\$1,252.36  EE ONLY \$641.84 \$54.28 \$4.58 \$18.98 \$14.39  \$734.07  EE ONLY \$526.99	\$2,261.95 EE+1 \$1,268.35 \$97.71 \$9.16 \$37.96 \$28.26 \$1,441.44 EE+1 \$1,038.71	\$3,150.02 FAMILY \$1,788.35 \$135.71 \$14.75 \$56.94 \$39.92 \$2,035.67 FAMILY \$1,463.44	
Total  Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO \$1300 ABHP Delta Dental PPO+Premier	\$1,252.36  EE ONLY \$641.84 \$54.28 \$4.58 \$18.98 \$14.39  \$734.07  EE ONLY \$526.99 \$54.28	\$2,261.95 EE+1 \$1,268.35 \$97.71 \$9.16 \$37.96 \$28.26 \$1,441.44 EE+1 \$1,038.71 \$97.71	\$3,150.02 FAMILY \$1,788.35 \$135.71 \$14.75 \$56.94 \$39.92 \$2,035.67 FAMILY \$1,463.44 \$135.71	
Total  Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO \$1300 ABHP Delta Dental PPO+Premier VSP Choice	\$1,252.36  EE ONLY \$641.84 \$54.28 \$4.58 \$18.98 \$14.39  \$734.07  EE ONLY \$526.99 \$54.28 \$4.58	\$2,261.95 EE+1 \$1,268.35 \$97.71 \$9.16 \$37.96 \$28.26 \$1,441.44 EE+1 \$1,038.71 \$97.71 \$9.16	\$3,150.02 FAMILY \$1,788.35 \$135.71 \$14.75 \$56.94 \$39.92 \$2,035.67 FAMILY \$1,463.44 \$135.71 \$14.75	
Total  Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO \$1300 ABHP Delta Dental PPO+Premier VSP Choice EDC Admin Fee	\$1,252.36  EE ONLY \$641.84 \$54.28 \$4.58 \$18.98 \$14.39  \$734.07  EE ONLY \$526.99 \$54.28 \$4.58 \$18.98	\$2,261.95 EE+1 \$1,268.35 \$97.71 \$9.16 \$37.96 \$28.26 \$1,441.44 EE+1 \$1,038.71 \$97.71 \$9.16 \$37.96	\$3,150.02 FAMILY \$1,788.35 \$135.71 \$14.75 \$56.94 \$39.92 \$2,035.67 FAMILY \$1,463.44 \$135.71 \$14.75 \$56.94	
Total  Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO \$1300 ABHP Delta Dental PPO+Premier VSP Choice	\$1,252.36  EE ONLY \$641.84 \$54.28 \$4.58 \$18.98 \$14.39  \$734.07  EE ONLY \$526.99 \$54.28 \$4.58	\$2,261.95 EE+1 \$1,268.35 \$97.71 \$9.16 \$37.96 \$28.26 \$1,441.44 EE+1 \$1,038.71 \$97.71 \$9.16	\$3,150.02 FAMILY \$1,788.35 \$135.71 \$14.75 \$56.94 \$39.92 \$2,035.67 FAMILY \$1,463.44 \$135.71 \$14.75	
Total  Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO \$1300 ABHP Delta Dental PPO+Premier VSP Choice EDC Admin Fee	\$1,252.36  EE ONLY \$641.84 \$54.28 \$4.58 \$18.98 \$14.39  \$734.07  EE ONLY \$526.99 \$54.28 \$4.58 \$18.98 \$12.10	\$2,261.95  EE+1 \$1,268.35 \$97.71 \$9.16 \$37.96 \$28.26  \$1,441.44  EE+1 \$1,038.71 \$97.71 \$9.16 \$37.96 \$23.67	\$3,150.02  FAMILY \$1,788.35 \$135.71 \$14.75 \$56.94 \$39.92  \$2,035.67  FAMILY \$1,463.44 \$135.71 \$14.75 \$56.94 \$33.42	
Total  Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO \$1300 ABHP Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee	\$1,252.36  EE ONLY \$641.84 \$54.28 \$4.58 \$18.98 \$14.39  \$734.07  EE ONLY \$526.99 \$54.28 \$4.58 \$18.98	\$2,261.95 EE+1 \$1,268.35 \$97.71 \$9.16 \$37.96 \$28.26 \$1,441.44 EE+1 \$1,038.71 \$97.71 \$9.16 \$37.96	\$3,150.02 FAMILY \$1,788.35 \$135.71 \$14.75 \$56.94 \$39.92 \$2,035.67 FAMILY \$1,463.44 \$135.71 \$14.75 \$56.94	
Total  Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO \$1300 ABHP Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee	\$1,252.36  EE ONLY \$641.84 \$54.28 \$4.58 \$18.98 \$14.39  \$734.07  EE ONLY \$526.99 \$54.28 \$4.58 \$18.98 \$12.10  \$616.93	\$2,261.95  EE+1 \$1,268.35 \$97.71 \$9.16 \$37.96 \$28.26  \$1,441.44  EE+1 \$1,038.71 \$97.71 \$9.16 \$37.96 \$23.67	\$3,150.02  FAMILY \$1,788.35 \$135.71 \$14.75 \$56.94 \$39.92  \$2,035.67  FAMILY \$1,463.44 \$135.71 \$14.75 \$56.94 \$33.42	
Total  Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO \$1300 ABHP Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total	\$1,252.36  EE ONLY \$641.84 \$54.28 \$4.58 \$18.98 \$14.39  \$734.07  EE ONLY \$526.99 \$54.28 \$4.58 \$18.98 \$12.10  \$616.93  tance Progr	\$2,261.95  EE+1 \$1,268.35 \$97.71 \$9.16 \$37.96 \$28.26  \$1,441.44  EE+1 \$1,038.71 \$97.71 \$9.16 \$37.96 \$23.67  \$1,207.21  am (EAP)	\$3,150.02  FAMILY \$1,788.35 \$135.71 \$14.75 \$56.94 \$39.92  \$2,035.67  FAMILY \$1,463.44 \$135.71 \$14.75 \$56.94 \$33.42	