

**HEALTH PLAN CONTRIBUTION RATES**  
 For employees in Local 1, OE3 and Probation  
 (GE, PL, SU, TC, PR & CR)  
 Effective January 1, 2020

*Contributions are deducted over 24 pay periods*

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
<b>Blue Shield PPO \$1400 ABHP</b>	\$468.53	\$844.69	\$1,173.90	\$468.53	\$844.69	\$1,173.90	\$468.53	\$844.69	\$1,173.90
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$476.00	\$859.63	\$1,196.31	\$476.00	\$859.63	\$1,196.31	\$476.00	\$859.63	\$1,196.31
Employer	\$380.80	\$687.71	\$957.05	\$285.60	\$515.78	\$717.79	\$190.40	\$343.86	\$478.53
<b>Employee</b>	<b>\$95.20</b>	<b>\$171.92</b>	<b>\$239.26</b>	<b>\$190.40</b>	<b>\$343.85</b>	<b>\$478.52</b>	<b>\$285.60</b>	<b>\$515.77</b>	<b>\$717.78</b>
<b>Blue Shield PPO \$200</b>	\$610.94	\$1,100.63	\$1,529.94	\$610.94	\$1,100.63	\$1,529.94	\$610.94	\$1,100.63	\$1,529.94
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$618.41	\$1,115.57	\$1,552.35	\$618.41	\$1,115.57	\$1,552.35	\$618.41	\$1,115.57	\$1,552.35
Employer	\$494.73	\$892.46	\$1,241.88	\$371.05	\$669.35	\$931.41	\$247.37	\$446.23	\$620.94
<b>Employee</b>	<b>\$123.68</b>	<b>\$223.11</b>	<b>\$310.47</b>	<b>\$247.36</b>	<b>\$446.22</b>	<b>\$620.94</b>	<b>\$371.04</b>	<b>\$669.34</b>	<b>\$931.41</b>
<b>Kaiser HMO</b>	\$377.50	\$747.00	\$1,052.50	\$377.50	\$747.00	\$1,052.50	\$377.50	\$747.00	\$1,052.50
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$384.97	\$761.94	\$1,074.91	\$384.97	\$761.94	\$1,074.91	\$384.97	\$761.94	\$1,074.91
Employer	\$307.98	\$609.56	\$859.93	\$230.99	\$457.17	\$644.95	\$153.99	\$304.78	\$429.97
<b>Employee</b>	<b>\$76.99</b>	<b>\$152.38</b>	<b>\$214.98</b>	<b>\$153.98</b>	<b>\$304.77</b>	<b>\$429.96</b>	<b>\$230.98</b>	<b>\$457.16</b>	<b>\$644.94</b>
<b>Kaiser HMO \$1400 ABHP</b>	\$311.00	\$612.00	\$861.50	\$311.00	\$612.00	\$861.50	\$311.00	\$612.00	\$861.50
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$318.47	\$626.94	\$883.91	\$318.47	\$626.94	\$883.91	\$318.47	\$626.94	\$883.91
Employer	\$254.78	\$501.56	\$707.13	\$191.09	\$376.17	\$530.35	\$127.39	\$250.78	\$353.57
<b>Employee</b>	<b>\$63.69</b>	<b>\$125.38</b>	<b>\$176.78</b>	<b>\$127.38</b>	<b>\$250.77</b>	<b>\$353.56</b>	<b>\$191.08</b>	<b>\$376.16</b>	<b>\$530.34</b>

**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.**

# HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CA (Criminal Attorney), CC (County Counsel) & MA (Manager's Association)

Effective January 1, 2020

*Contributions are deducted over 24 pay periods*

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
<b>Blue Shield PPO \$1400 ABHP</b>	\$468.53	\$844.69	\$1,173.90	\$468.53	\$844.69	\$1,173.90	\$468.53	\$844.69	\$1,173.90
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$476.00	\$859.63	\$1,196.31	\$476.00	\$859.63	\$1,196.31	\$476.00	\$859.63	\$1,196.31
Employer	\$309.40	\$558.76	\$777.61	\$232.05	\$419.07	\$583.21	\$154.70	\$279.38	\$388.81
<b>Employee</b>	<b>\$166.60</b>	<b>\$300.87</b>	<b>\$418.70</b>	<b>\$243.95</b>	<b>\$440.56</b>	<b>\$613.10</b>	<b>\$321.30</b>	<b>\$580.25</b>	<b>\$807.50</b>
<b>Blue Shield PPO \$200</b>	\$610.94	\$1,100.63	\$1,529.94	\$610.94	\$1,100.63	\$1,529.94	\$610.94	\$1,100.63	\$1,529.94
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$618.41	\$1,115.57	\$1,552.35	\$618.41	\$1,115.57	\$1,552.35	\$618.41	\$1,115.57	\$1,552.35
Employer	\$401.97	\$725.13	\$1,009.03	\$301.48	\$543.85	\$756.77	\$200.99	\$362.57	\$504.52
<b>Employee</b>	<b>\$216.44</b>	<b>\$390.44</b>	<b>\$543.32</b>	<b>\$316.93</b>	<b>\$571.72</b>	<b>\$795.58</b>	<b>\$417.42</b>	<b>\$753.00</b>	<b>\$1,047.83</b>
<b>Kaiser HMO</b>	\$377.50	\$747.00	\$1,052.50	\$377.50	\$747.00	\$1,052.50	\$377.50	\$747.00	\$1,052.50
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$384.97	\$761.94	\$1,074.91	\$384.97	\$761.94	\$1,074.91	\$384.97	\$761.94	\$1,074.91
Employer	\$250.24	\$495.27	\$698.70	\$187.68	\$371.45	\$524.03	\$125.12	\$247.64	\$349.35
<b>Employee</b>	<b>\$134.73</b>	<b>\$266.67</b>	<b>\$376.21</b>	<b>\$197.29</b>	<b>\$390.49</b>	<b>\$550.88</b>	<b>\$259.85</b>	<b>\$514.30</b>	<b>\$725.56</b>
<b>Kaiser HMO \$1400 ABHP</b>	\$311.00	\$612.00	\$861.50	\$311.00	\$612.00	\$861.50	\$311.00	\$612.00	\$861.50
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$318.47	\$626.94	\$883.91	\$318.47	\$626.94	\$883.91	\$318.47	\$626.94	\$883.91
Employer	\$207.01	\$407.52	\$574.55	\$155.26	\$305.64	\$430.91	\$103.51	\$203.76	\$287.28
<b>Employee</b>	<b>\$111.46</b>	<b>\$219.42</b>	<b>\$309.36</b>	<b>\$163.21</b>	<b>\$321.30</b>	<b>\$453.00</b>	<b>\$214.96</b>	<b>\$423.18</b>	<b>\$596.63</b>
	<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions.</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions.</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions.</i>		
	\$6,240 (\$260 24 times per year)			4,680 (\$195 24 times per year)			\$3,120 (\$130 24 times per year)		

**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.**

# HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

SA (Deputy Sheriff's)

Effective January 1, 2020

*Contributions are deducted over 24 pay periods*

	FULL TIME 64+ HOURS		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1400 ABHP</b>	\$468.53	\$844.69	\$1,173.90
EDC Admin Fee	\$7.47	\$14.94	\$22.41
Total	\$476.00	\$859.63	\$1,196.31
Employer	\$309.40	\$558.76	\$777.61
<b>Employee</b>	<b>\$166.60</b>	<b>\$300.87</b>	<b>\$418.70</b>
<b>Blue Shield PPO \$200</b>	\$610.94	\$1,100.63	\$1,529.94
EDC Admin Fee	\$7.47	\$14.94	\$22.41
Total	\$618.41	\$1,115.57	\$1,552.35
Employer	\$401.97	\$725.13	\$1,009.03
<b>Employee</b>	<b>\$216.44</b>	<b>\$390.44</b>	<b>\$543.32</b>
<b>Kaiser HMO</b>	\$377.50	\$747.00	\$1,052.50
EDC Admin Fee	\$7.47	\$14.94	\$22.41
Total	\$384.97	\$761.94	\$1,074.91
Employer	\$250.24	\$495.27	\$698.70
<b>Employee</b>	<b>\$134.73</b>	<b>\$266.67</b>	<b>\$376.21</b>
<b>Kaiser HMO \$1400 ABHP</b>	\$311.00	\$612.00	\$861.50
EDC Admin Fee	\$7.47	\$14.94	\$22.41
Total	\$318.47	\$626.94	\$883.91
Employer	\$207.01	\$407.52	\$574.55
<b>Employee</b>	<b>\$111.46</b>	<b>\$219.42</b>	<b>\$309.36</b>

*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.**

# HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO (Confidential), EL (Elected), SM (Sworn Management), UM (Unrepresented Management)  
& UD (Department Heads)

Effective January 1, 2020

*Contributions are deducted over 24 pay periods*

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
<b>Blue Shield PPO \$1400 ABHP</b>	\$468.53	\$844.69	\$1,173.90	\$468.53	\$844.69	\$1,173.90	\$468.53	\$844.69	\$1,173.90
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$476.00	\$859.63	\$1,196.31	\$476.00	\$859.63	\$1,196.31	\$476.00	\$859.63	\$1,196.31
Employer	\$326.14	\$589.09	\$819.83	\$244.61	\$441.82	\$614.87	\$163.07	\$294.55	\$409.92
<b>Employee</b>	<b>\$149.86</b>	<b>\$270.54</b>	<b>\$376.48</b>	<b>\$231.39</b>	<b>\$417.81</b>	<b>\$581.44</b>	<b>\$312.93</b>	<b>\$565.08</b>	<b>\$786.39</b>
<b>Blue Shield PPO \$200</b>	\$610.94	\$1,100.63	\$1,529.94	\$610.94	\$1,100.63	\$1,529.94	\$610.94	\$1,100.63	\$1,529.94
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$618.41	\$1,115.57	\$1,552.35	\$618.41	\$1,115.57	\$1,552.35	\$618.41	\$1,115.57	\$1,552.35
Employer	\$427.95	\$772.06	\$1,074.37	\$320.96	\$579.05	\$805.78	\$213.98	\$386.03	\$537.19
<b>Employee</b>	<b>\$190.46</b>	<b>\$343.51</b>	<b>\$477.98</b>	<b>\$297.45</b>	<b>\$536.52</b>	<b>\$746.57</b>	<b>\$404.43</b>	<b>\$729.54</b>	<b>\$1,015.16</b>
<b>Kaiser HMO</b>	\$377.50	\$747.00	\$1,052.50	\$377.50	\$747.00	\$1,052.50	\$377.50	\$747.00	\$1,052.50
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$384.97	\$761.94	\$1,074.91	\$384.97	\$761.94	\$1,074.91	\$384.97	\$761.94	\$1,074.91
Employer	\$274.39	\$540.77	\$761.47	\$205.79	\$405.58	\$571.10	\$137.20	\$270.39	\$380.74
<b>Employee</b>	<b>\$110.58</b>	<b>\$221.17</b>	<b>\$313.44</b>	<b>\$179.18</b>	<b>\$356.36</b>	<b>\$503.81</b>	<b>\$247.77</b>	<b>\$491.55</b>	<b>\$694.17</b>
<b>Kaiser HMO \$1400 ABHP</b>	\$311.00	\$612.00	\$861.50	\$311.00	\$612.00	\$861.50	\$311.00	\$612.00	\$861.50
EDC Admin Fee	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41	\$7.47	\$14.94	\$22.41
Total	\$318.47	\$626.94	\$883.91	\$318.47	\$626.94	\$883.91	\$318.47	\$626.94	\$883.91
Employer	\$226.93	\$443.85	\$624.36	\$170.20	\$332.89	\$468.27	\$113.47	\$221.93	\$312.18
<b>Employee</b>	<b>\$91.54</b>	<b>\$183.09</b>	<b>\$259.55</b>	<b>\$148.27</b>	<b>\$294.05</b>	<b>\$415.64</b>	<b>\$205.00</b>	<b>\$405.01</b>	<b>\$571.73</b>
	<i>NOTE: Employees receive \$6,240 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$260 each)</i>			<i>NOTE: Employees receive \$4,680 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$195 each)</i>			<i>NOTE: Employees receive \$3,120 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$130 each)</i>		

**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, 2020

*Contributions are deducted over 24 pay periods*

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$421.57	\$761.10	\$1,057.28
EDC Admin Fee	\$7.47	\$14.94	\$22.41
Total	\$429.04	\$776.04	\$1,079.69
Employer	\$382.57	\$382.57	\$382.57
<b>Employee</b>	<b>\$46.47</b>	<b>\$393.47</b>	<b>\$697.12</b>

**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, 2020

*Contributions are deducted over 24 pay periods*

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

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	For employees in Local 1, OE3 and Probation			For employees in Local 1, OE3 and Probation			For employees in Local 1, OE3 and Probation		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
<b>DELTA DENTAL PPO+PREMIER</b>	\$25.89	\$46.61	\$64.73	\$25.89	\$46.61	\$64.73	\$25.89	\$46.61	\$64.73
<b>VSP CHOICE</b>	\$2.24	\$4.48	\$7.22	\$2.24	\$4.48	\$7.22	\$2.24	\$4.48	\$7.22
Total	\$28.13	\$51.09	\$71.95	\$28.13	\$51.09	\$71.95	\$28.13	\$51.09	\$71.95
Employer	\$22.51	\$40.88	\$57.56	\$16.88	\$30.66	\$43.17	\$11.26	\$20.44	\$28.78
<b>Employee</b>	<b>\$5.62</b>	<b>\$10.21</b>	<b>\$14.39</b>	<b>\$11.25</b>	<b>\$20.43</b>	<b>\$28.78</b>	<b>\$16.87</b>	<b>\$30.65</b>	<b>\$43.17</b>

	For employees in bargaining units CA, CC & MA			For employees in bargaining units CA, CC & MA			For employees in bargaining units CA, CC & MA		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
	<b>DELTA DENTAL PPO+PREMIER</b>	\$25.89	\$46.61	\$64.73	\$25.89	\$46.61	\$64.73	\$25.89	\$46.61
<b>VSP CHOICE</b>	\$2.24	\$4.48	\$7.22	\$2.24	\$4.48	\$7.22	\$2.24	\$4.48	\$7.22
Total	\$28.13	\$51.09	\$71.95	\$28.13	\$51.09	\$71.95	\$28.13	\$51.09	\$71.95
Employer	\$18.29	\$33.21	\$46.77	\$13.72	\$24.91	\$35.08	\$9.15	\$16.61	\$23.39
<b>Employee</b>	<b>\$9.84</b>	<b>\$17.88</b>	<b>\$25.18</b>	<b>\$14.41</b>	<b>\$26.18</b>	<b>\$36.87</b>	<b>\$18.98</b>	<b>\$34.48</b>	<b>\$48.56</b>

*NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions \$6,240 (\$260 24 times per year)*

*NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. \$4,680 (\$195 24 times per year)*

*NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. \$3,120 (\$130 24 times per year)*

	For employees in bargaining unit SA		
	EE ONLY	EE+1	FAMILY
	<b>DELTA DENTAL PPO+PREMIER</b>	\$25.89	\$46.61
<b>VSP CHOICE</b>	\$1.90	\$3.80	\$6.12
Total	\$27.79	\$50.41	\$70.85
Employer	\$18.07	\$32.77	\$46.06
<b>Employee</b>	<b>\$9.72</b>	<b>\$17.64</b>	<b>\$24.79</b>

*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 units CO, EL, SM, UM & UD			For employees in bargaining units CO, EL, SM, UM & UD			For employees in bargaining units CO, EL, SM, UM & UD		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
	<b>DELTA DENTAL PPO+PREMIER</b>	\$25.89	\$46.61	\$64.73	\$25.89	\$46.61	\$64.73	\$25.89	\$46.61
<b>VSP CHOICE</b>	\$2.24	\$4.48	\$7.22	\$2.24	\$4.48	\$7.22	\$2.24	\$4.48	\$7.22
Total	\$28.13	\$51.09	\$71.95	\$28.13	\$51.09	\$71.95	\$28.13	\$51.09	\$71.95
Employer	\$17.71	\$32.14	\$45.23	\$13.28	\$24.11	\$33.92	\$8.86	\$16.07	\$22.62
<b>Employee</b>	<b>\$10.42</b>	<b>\$18.95</b>	<b>\$26.72</b>	<b>\$14.85</b>	<b>\$26.98</b>	<b>\$38.03</b>	<b>\$19.27</b>	<b>\$35.02</b>	<b>\$49.33</b>

*NOTE: Employees receive \$6,240 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$260 each)*

*NOTE: Employees receive \$4,680 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$195 each)*

*NOTE: Employees receive \$3,120 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$130 each)*

# HEALTH PLAN CONTRIBUTION RATES

## COBRA

Effective January 1, 2020

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$843.14	\$1,522.20	\$2,114.57
Delta Dental PPO+Premier	\$51.79	\$93.22	\$129.47
VSP Choice	\$4.49	\$8.97	\$14.44
EDC Admin Fee	\$14.94	\$29.89	\$44.83
2% COBRA Admin Fee	\$18.29	\$33.09	\$46.07
<b>Total</b>	<b>\$932.65</b>	<b>\$1,687.37</b>	<b>\$2,349.38</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1400 ABHP</b>	\$937.06	\$1,689.38	\$2,347.80
Delta Dental PPO+Premier	\$51.79	\$93.22	\$129.47
VSP Choice	\$4.49	\$8.97	\$14.44
EDC Admin Fee	\$14.94	\$29.89	\$44.83
2% COBRA Admin Fee	\$20.17	\$36.43	\$50.73
<b>Total</b>	<b>\$1,028.45</b>	<b>\$1,857.89</b>	<b>\$2,587.27</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$1,221.89	\$2,201.26	\$3,059.88
Delta Dental PPO+Premier	\$51.79	\$93.22	\$129.47
VSP Choice	\$4.49	\$8.97	\$14.44
EDC Admin Fee	\$14.94	\$29.89	\$44.83
2% COBRA Admin Fee	\$25.86	\$46.67	\$64.97
<b>Total</b>	<b>\$1,318.97</b>	<b>\$2,380.01</b>	<b>\$3,313.59</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$755.00	\$1,494.00	\$2,105.00
Delta Dental PPO+Premier	\$51.79	\$93.22	\$129.47
VSP Choice	\$4.49	\$8.97	\$14.44
EDC Admin Fee	\$14.94	\$29.89	\$44.83
2% COBRA Admin Fee	\$16.52	\$32.52	\$45.87
<b>Total</b>	<b>\$842.74</b>	<b>\$1,658.60</b>	<b>\$2,339.61</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1400 ABHP</b>	\$622.00	\$1,224.00	\$1,723.00
Delta Dental PPO+Premier	\$51.79	\$93.22	\$129.47
VSP Choice	\$4.49	\$8.97	\$14.44
EDC Admin Fee	\$14.94	\$29.89	\$44.83
2% COBRA Admin Fee	\$13.86	\$27.12	\$38.23
<b>Total</b>	<b>\$707.08</b>	<b>\$1,383.20</b>	<b>\$1,949.97</b>
Employee Assistance Program (EAP)			
\$5.17 regardless of number enrolled			