

HEALTH PLAN CONTRIBUTION RATES

For employees in Local 1 and OE3

(GE, PL, SU, TC, PR & CR)

Effective July 23, 2016

Contributions are deducted over 24 pay periods

FULL TIME 64+ HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$359.86	\$650.10	\$905.28
Employee	\$89.97	\$162.53	\$226.32
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$466.26	\$841.70	\$1,171.28
Employee	\$116.57	\$210.43	\$292.82
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$252.76	\$505.52	\$716.44
Employee	\$63.19	\$126.38	\$179.11
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$261.55	\$523.10	\$741.58
Employer	\$209.24	\$418.48	\$593.26
Employee	\$52.31	\$104.62	\$148.32

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 Local 1 and OE3

(GE, PL, SU, TC, PR & CR)

Effective July 23, 2016

Contributions are deducted over 24 pay periods

PART TIME 40 - 63 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$269.90	\$487.58	\$678.96
Employee	\$179.93	\$325.05	\$452.64
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$349.70	\$631.28	\$878.46
Employee	\$233.13	\$420.85	\$585.64
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$189.57	\$379.14	\$537.33
Employee	\$126.38	\$252.76	\$358.22
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$261.55	\$523.10	\$741.58
Employer	\$156.93	\$313.86	\$444.95
Employee	\$104.62	\$209.24	\$296.63

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 Local 1 and OE3

(GE, PL, SU, TC, PR & CR)

Effective July 23, 2016

Contributions are deducted over 24 pay periods

PART TIME 32 - 39 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$179.93	\$325.05	\$452.64
Employee	\$269.90	\$487.58	\$678.96
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$233.13	\$420.85	\$585.64
Employee	\$349.70	\$631.28	\$878.46
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$126.38	\$252.76	\$358.22
Employee	\$189.57	\$379.14	\$537.33
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$261.55	\$523.10	\$741.58
Employer	\$104.62	\$209.24	\$296.63
Employee	\$156.93	\$313.86	\$444.95

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, CC & MA

Effective July 23, 2016

Contributions are deducted over 24 pay periods

FULL TIME 64+ HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$292.39	\$528.21	\$735.54
Employee	\$157.44	\$284.42	\$396.06
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$378.84	\$683.88	\$951.67
Employee	\$203.99	\$368.25	\$512.44
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$205.37	\$410.74	\$582.11
Employee	\$110.58	\$221.17	\$313.44
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$261.55	\$523.10	\$741.58
Employer	\$170.01	\$340.02	\$482.03
Employee	\$91.54	\$183.09	\$259.55
<i>NOTE: Employees receive \$6,000 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$250 each)</i>			

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units CA, CC & MA

Effective July 23, 2016

Contributions are deducted over 24 pay periods

PART TIME 40 - 63 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$219.29	\$396.16	\$551.66
Employee	\$230.54	\$416.47	\$579.95
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$284.13	\$512.91	\$713.75
Employee	\$298.70	\$539.22	\$750.35
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$154.03	\$308.05	\$436.58
Employee	\$161.92	\$323.85	\$458.97
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$261.55	\$523.10	\$741.58
Employer	\$127.51	\$255.01	\$361.52
Employee	\$134.04	\$268.09	\$380.06
<i>NOTE: Employees receive \$4,500 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$188 each)</i>			

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY

HEALTH PLAN CONTRIBUTION RATES
For employees in bargaining units
CA, CC & MA

Effective July 23, 2016

Contributions are deducted over 24 pay periods

PART TIME 32 - 39 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$146.19	\$264.10	\$367.77
Employee	\$303.64	\$548.53	\$763.83
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$189.42	\$341.94	\$475.83
Employee	\$393.41	\$710.19	\$988.27
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$102.68	\$205.37	\$291.05
Employee	\$213.27	\$426.53	\$604.50
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$261.55	\$523.10	\$741.58
Employer	\$85.00	\$170.01	\$241.01
Employee	\$176.55	\$353.09	\$500.57
<i>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)</i>			

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

SA

Effective July 23, 2016

Contributions are deducted over 24 pay periods

FULL TIME 64+ HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$292.39	\$528.21	\$735.54
Employee	\$157.44	\$284.42	\$396.06
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$378.84	\$683.88	\$951.67
Employee	\$203.99	\$368.25	\$512.44
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$205.37	\$410.74	\$582.11
Employee	\$110.58	\$221.17	\$313.44
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$261.55	\$523.10	\$741.58
Employer	\$170.01	\$340.02	\$482.03
Employee	\$91.54	\$183.09	\$259.55
<i>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)</i>			

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

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

SA

Effective July 23, 2016

Contributions are deducted over 24 pay periods

PART TIME 40 - 63 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$219.29	\$396.16	\$551.66
Employee	\$230.54	\$416.47	\$579.95
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$284.13	\$512.91	\$713.75
Employee	\$298.70	\$539.22	\$750.35
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$154.03	\$308.05	\$436.58
Employee	\$161.92	\$323.85	\$458.97
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$261.55	\$523.10	\$741.58
Employer	\$127.51	\$255.01	\$361.52
Employee	\$134.04	\$268.09	\$380.06
<i>NOTE: Employees receive \$3,081 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$128.38 each)</i>			

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HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

SA

Effective July 23, 2016

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PART TIME 32 - 39 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$146.19	\$264.10	\$367.77
Employee	\$303.64	\$548.53	\$763.83
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$189.42	\$341.94	\$475.83
Employee	\$393.41	\$710.19	\$988.27
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$102.68	\$205.37	\$291.05
Employee	\$213.27	\$426.53	\$604.50
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$261.55	\$523.10	\$741.58
Employer	\$85.00	\$170.01	\$241.01
Employee	\$176.55	\$353.09	\$500.57
<i>NOTE: Employees receive \$2,054 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$85.58 each)</i>			

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HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO, EL, SM, UM & UD

Effective July 23, 2016

Contributions are deducted over 24 pay periods

FULL TIME 64+ HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$299.97	\$542.09	\$755.12
Employee	\$149.86	\$270.54	\$376.48
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$392.37	\$708.62	\$986.12
Employee	\$190.46	\$343.51	\$477.98
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$205.37	\$410.74	\$582.11
Employee	\$110.58	\$221.17	\$313.44
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<i>NOTE: Employees receive \$6,000 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$250 each)</i>			

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HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO, EL, SM, UM & UD

Effective July 23, 2016

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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
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EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$224.98	\$406.57	\$566.34
Employee	\$224.85	\$406.06	\$565.26
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$294.28	\$531.47	\$739.59
Employee	\$288.55	\$520.67	\$724.51
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
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HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO, EL, SM, UM & UD

Effective July 23, 2016

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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
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Employee	\$386.65	\$697.82	\$971.04
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
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<i>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)</i>			

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY

Effective July 23, 2016

ACA AFFORDABLE PLAN*			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$398.13	\$718.23	\$998.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$406.33	\$734.63	\$1,023.10
Employer	\$361.56	\$361.56	\$361.56
Employee	\$44.77	\$373.07	\$661.54

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 PLAN MEETS BOTH THE MINIMUM ESSENTIAL COVERAGE (MEC) AND AFFORDABILITY REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA)*

HEALTH PLAN CONTRIBUTION RATES RETIREES

Effective July 23, 2016 - December 31, 2016

Monthly Rates and Contributions

EARLY RETIREES (PRE 65 NO MEDICARE)			
	<u>RETIREE ONLY</u>	<u>RETIREE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$796.26	\$1,436.46	\$1,996.98
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$817.94	\$1,479.82	\$2,063.20
Blue Shield PPO \$1300 ABHP	\$883.26	\$1,592.46	\$2,213.98
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$904.94	\$1,635.82	\$2,280.20
Blue Shield PPO \$200	\$1,149.26	\$2,071.46	\$2,878.98
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$1,170.94	\$2,114.82	\$2,945.20
Kaiser HMO	\$615.50	\$1,231.00	\$1,741.88
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$637.18	\$1,274.36	\$1,808.10
Kaiser HMO \$1300 ABHP	\$506.70	\$1,013.40	\$1,433.94
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$528.38	\$1,056.76	\$1,500.16

RETIREE HEALTH CONTRIBUTION (RHC)			
<u>YEARS OF SERVICE</u>	<u>LEVEL</u>	<u>PRE 65</u>	<u>65+</u>
12 THRU 14	LEVEL 1	\$338.96	\$131.97
15 THRU 19	LEVEL 2	\$513.57	\$199.96
20 +	LEVEL 3	\$688.19	\$267.94
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$1,027.15	\$399.91

*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			
	<u>1 IN A&B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&B</u>
UHC Advantage PPO	\$363.15	-	\$726.30
EDC Admin Fee	\$16.40	-	\$32.80
Total	\$379.55	\$0.00	\$759.10
<i>This plan includes a vision component</i>			
Kaiser Senior Advantage (KSA)	\$403.48	\$1,018.98	\$806.95
EDC Admin Fee	\$16.40	\$32.80	\$32.80
Total	\$419.88	\$1,051.78	\$839.75
<i>This plan includes a vision component</i>			
If you elect coverage...		...then choose	
for yourself and you have Medicare A&B		1 IN A&B	
for yourself and 1 dependent, and one of you is enrolled in Medicare A&B and one is not		1 IN 1 OUT	
for yourself and 1 dependent and both of you are enrolled in Medicare A&B		2 IN A&B	

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

OPTIONAL VSP COVERAGE FOR MEDICARE RETIREES*			
	<u>1 IN A&B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&B</u>
VSP Choice	\$5.28	\$10.56	\$10.56
<i>*Medicare Retirees have the option of purchasing VSP in addition to the vision plan that is included with their health plan.</i>			

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 July 23, 2016			
WITH NO RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$796.26	\$1,436.46	\$1,996.98
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$872.22	\$1,577.53	\$2,198.91
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$883.26	\$1,592.46	\$2,213.98
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$959.22	\$1,733.53	\$2,415.91
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,149.26	\$2,071.46	\$2,878.98
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$1,225.22	\$2,212.53	\$3,080.91
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$615.50	\$1,231.00	\$1,741.88
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$691.46	\$1,372.07	\$1,943.81
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$506.70	\$1,013.40	\$1,433.94
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$582.66	\$1,154.47	\$1,635.87

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective July 23, 2016			
WITH RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$796.26	\$1,436.46	\$1,996.98
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
2% Fee for retiree coverage	\$17.44	\$31.55	\$43.98
Total	\$889.66	\$1,609.08	\$2,242.89
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$883.26	\$1,592.46	\$2,213.98
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
2% Fee for retiree coverage	\$19.18	\$34.67	\$48.32
Total	\$978.40	\$1,768.20	\$2,464.23
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,149.26	\$2,071.46	\$2,878.98
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
2% Fee for retiree coverage	\$24.50	\$44.25	\$61.62
Total	\$1,249.72	\$2,256.78	\$3,142.53
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$615.50	\$1,231.00	\$1,741.88
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
2% Fee for retiree coverage	\$13.83	\$27.44	\$38.88
Total	\$705.29	\$1,399.51	\$1,982.69
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$506.70	\$1,013.40	\$1,433.94
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
2% Fee for retiree coverage	\$11.65	\$23.09	\$32.72
Total	\$594.31	\$1,177.56	\$1,668.59

HEALTH PLAN CONTRIBUTION RATES

COBRA

Effective July 23, 2016

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$796.26	\$1,436.46	\$1,996.98
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
2% COBRA Admin Fee	\$17.44	\$31.55	\$43.98
Total	\$889.66	\$1,609.08	\$2,242.89
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$883.26	\$1,592.46	\$2,213.98
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
2% COBRA Admin Fee	\$19.18	\$34.67	\$48.32
Total	\$978.40	\$1,768.20	\$2,464.23
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,149.26	\$2,071.46	\$2,878.98
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
2% COBRA Admin Fee	\$24.50	\$44.25	\$61.62
Total	\$1,249.72	\$2,256.78	\$3,142.53
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$615.50	\$1,231.00	\$1,741.88
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
2% COBRA Admin Fee	\$13.83	\$27.44	\$38.88
Total	\$705.29	\$1,399.51	\$1,982.69
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$506.70	\$1,013.40	\$1,433.94
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
2% COBRA Admin Fee	\$11.65	\$23.09	\$32.72
Total	\$594.31	\$1,177.56	\$1,668.59
Employee Assistance Program (EAP) \$5.55 regardless of number enrolled			

Effective July 23, 2016

	ACTIVE/EARLY RETIREES		
	EE ONLY	EE+1	FAMILY
BLUE SHIELD PPO \$2000 ABHP	796.26	1436.46	1996.98
BLUE SHIELD PPO \$1300 ABHP	883.26	1592.46	2213.98
BLUE SHIELD PPO \$200	1149.26	2071.46	2878.98
KAISER HMO	615.50	1231.00	1741.88
KAISER HMO \$1300 ABHP	506.70	1013.40	1433.94
UNITED HEALTHCARE	-	-	-
Delta Dental PPO+Premier	54.28	97.71	135.71
VSP Choice	5.28	10.56	17.00
EDC Admin Fee	16.40	32.80	49.22

	MEDICARE RETIREES		
	RETIREE ONLY	1 IN 1 OUT	2 IN MC
	-	-	-
	-	-	-
	-	-	-
	403.48	1018.98	806.95
	-	-	-
	363.15	-	726.30
	54.28	97.71	97.71
	5.28	10.56	10.56
	16.40	32.80	32.80

	2016 BLENDED		
	EE ONLY	EE+1	FAMILY
BLUE SHIELD PPO \$2000 ABHP	872.22	1577.53	2198.91
BLUE SHIELD PPO \$1300 ABHP	959.22	1733.53	2415.91
BLUE SHIELD PPO \$200	1225.22	2212.53	3080.91
KAISER HMO	691.46	1372.07	1943.81
KAISER HMO \$1300 ABHP	582.66	1154.47	1635.87

FEDERAL MINIMUM WAGE	
\$7.25	FMW
130	FTH
<u>9.50%</u>	EE
\$89.54	

	2015 BLENDED		
	EE ONLY	EE+1	FAMILY
BLUE SHIELD PPO \$1300 ABHP	900.13	1626.41	2266.79
BLUE SHIELD PPO \$200	1149.13	2074.41	2888.79
KAISER HMO	685.04	1359.24	1925.35
KAISER HMO \$1300 ABHP	557.97	1105.10	1565.74
UNITED HEALTHCARE HMO	942.05	1916.50	2713.28

	7.5% CHECK		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
BLUE SHIELD PPO \$1300 ABHP	93.84%	93.82%	93.83%
BLUE SHIELD PPO \$200	93.79%	93.76%	93.76%
KAISER HMO	99.07%	99.06%	99.05%
KAISER HMO \$1300 ABHP	95.76%	95.72%	95.71%