

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

GE (General), PL (Professional), SU (Supervisory), TC (Trades and Crafts), PR (Probation), CR (Corrections)

Effective January 1, 2021

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
Blue Shield PPO ABHP Low (\$1400)	\$484.62	\$873.62	\$1,214.12	\$484.62	\$873.62	\$1,214.12	\$484.62	\$873.62	\$1,214.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$492.53	\$889.45	\$1,237.86	\$492.53	\$889.45	\$1,237.86	\$492.53	\$889.45	\$1,237.86
Employer	\$394.03	\$711.56	\$990.29	\$295.52	\$533.67	\$742.72	\$197.02	\$355.78	\$495.15
Employee	\$98.50	\$177.89	\$247.57	\$197.01	\$355.78	\$495.14	\$295.51	\$533.67	\$742.71
Blue Shield PPO Standard (\$200)	\$631.62	\$1,138.12	\$1,582.12	\$631.62	\$1,138.12	\$1,582.12	\$631.62	\$1,138.12	\$1,582.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$639.53	\$1,153.95	\$1,605.86	\$639.53	\$1,153.95	\$1,605.86	\$639.53	\$1,153.95	\$1,605.86
Employer	\$511.63	\$923.16	\$1,284.69	\$383.72	\$692.37	\$963.52	\$255.82	\$461.58	\$642.35
Employee	\$127.90	\$230.79	\$321.17	\$255.81	\$461.58	\$642.34	\$383.71	\$692.37	\$963.51
Kaiser HMO Standard	\$403.12	\$798.12	\$1,124.12	\$403.12	\$798.12	\$1,124.12	\$403.12	\$798.12	\$1,124.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$411.03	\$813.95	\$1,147.86	\$411.03	\$813.95	\$1,147.86	\$411.03	\$813.95	\$1,147.86
Employer	\$328.83	\$651.16	\$918.29	\$246.62	\$488.37	\$688.72	\$164.42	\$325.58	\$459.15
Employee	\$82.20	\$162.79	\$229.57	\$164.41	\$325.58	\$459.14	\$246.61	\$488.37	\$688.71
Kaiser HMO ABHP (\$1400)	\$332.12	\$653.62	\$920.12	\$332.12	\$653.62	\$920.12	\$332.12	\$653.62	\$920.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$340.03	\$669.45	\$943.86	\$340.03	\$669.45	\$943.86	\$340.03	\$669.45	\$943.86
Employer	\$272.03	\$535.56	\$755.09	\$204.02	\$401.67	\$566.32	\$136.02	\$267.78	\$377.55
Employee	\$68.00	\$133.89	\$188.77	\$136.01	\$267.78	\$377.54	\$204.01	\$401.67	\$566.31

**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

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

Effective January 1, 2021

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 34 - 39 HOURS (PER PAY PERIOD)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Blue Shield PPO ABHP Low (\$1400)	\$484.62	\$873.62	\$1,214.12	\$484.62	\$873.62	\$1,214.12	\$484.62	\$873.62	\$1,214.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$492.53	\$889.45	\$1,237.86	\$492.53	\$889.45	\$1,237.86	\$492.53	\$889.45	\$1,237.86
Employer	\$320.15	\$578.15	\$804.61	\$240.11	\$433.61	\$603.46	\$160.08	\$289.08	\$402.31
Employee	\$172.38	\$311.30	\$433.25	\$252.42	\$455.84	\$634.40	\$332.45	\$600.37	\$835.55
Blue Shield PPO Standard (\$200)	\$631.62	\$1,138.12	\$1,582.12	\$631.62	\$1,138.12	\$1,582.12	\$631.62	\$1,138.12	\$1,582.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$639.53	\$1,153.95	\$1,605.86	\$639.53	\$1,153.95	\$1,605.86	\$639.53	\$1,153.95	\$1,605.86
Employer	\$415.70	\$750.07	\$1,043.81	\$311.78	\$562.55	\$782.86	\$207.85	\$375.04	\$521.91
Employee	\$223.83	\$403.88	\$562.05	\$327.75	\$591.40	\$823.00	\$431.68	\$778.91	\$1,083.95
Kaiser HMO Standard	\$403.12	\$798.12	\$1,124.12	\$403.12	\$798.12	\$1,124.12	\$403.12	\$798.12	\$1,124.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$411.03	\$813.95	\$1,147.86	\$411.03	\$813.95	\$1,147.86	\$411.03	\$813.95	\$1,147.86
Employer	\$267.17	\$529.07	\$746.11	\$200.38	\$396.80	\$559.58	\$133.59	\$264.54	\$373.06
Employee	\$143.86	\$284.88	\$401.75	\$210.65	\$417.15	\$588.28	\$277.44	\$549.41	\$774.80
Kaiser HMO ABHP (\$1400)	\$332.12	\$653.62	\$920.12	\$332.12	\$653.62	\$920.12	\$332.12	\$653.62	\$920.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$340.03	\$669.45	\$943.86	\$340.03	\$669.45	\$943.86	\$340.03	\$669.45	\$943.86
Employer	\$221.02	\$435.15	\$613.51	\$165.77	\$326.36	\$460.13	\$110.51	\$217.58	\$306.76
Employee	\$119.01	\$234.30	\$330.35	\$174.26	\$343.09	\$483.73	\$229.52	\$451.87	\$637.10
	<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. BD: \$6,000 (\$250 for 24 pay periods) CA, MA, & SM: \$6,240 (\$260 for 24 pay periods)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. BD: \$6,000 (\$250 for 24 pay periods) CA, MA, & SM: \$4,680 (\$195 for 24 pay periods)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. BD: \$6,000 (\$250 for 24 pay periods) CA, MA, & SM: \$3,120 (\$130 for 24 pay periods)</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.**

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining unit

SA (Law Enforcement)

Effective January 1, 2021

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP Low (\$1400)	\$484.62	\$873.62	\$1,214.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74
Total	\$492.53	\$889.45	\$1,237.86
Employer	\$320.15	\$578.15	\$804.61
Employee	\$172.38	\$311.30	\$433.25
Blue Shield PPO Standard (\$200)	\$631.62	\$1,138.12	\$1,582.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74
Total	\$639.53	\$1,153.95	\$1,605.86
Employer	\$415.70	\$750.07	\$1,043.81
Employee	\$223.83	\$403.88	\$562.05
Kaiser HMO Standard	\$403.12	\$798.12	\$1,124.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74
Total	\$411.03	\$813.95	\$1,147.86
Employer	\$267.17	\$529.07	\$746.11
Employee	\$143.86	\$284.88	\$401.75
Kaiser HMO ABHP (\$1400)	\$332.12	\$653.62	\$920.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74
Total	\$340.03	\$669.45	\$943.86
Employer	\$221.02	\$435.15	\$613.51
Employee	\$119.01	\$234.30	\$330.35
<p><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></p>			

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), UM (Unrepresented Management) & UD (Department Head)

Effective January 1, 2021

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
Blue Shield PPO ABHP Low (\$1400)	\$484.62	\$873.62	\$1,214.12	\$484.62	\$873.62	\$1,214.12	\$484.62	\$873.62	\$1,214.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$492.53	\$889.45	\$1,237.86	\$492.53	\$889.45	\$1,237.86	\$492.53	\$889.45	\$1,237.86
Employer	\$342.67	\$618.91	\$861.38	\$257.00	\$464.18	\$646.04	\$171.34	\$309.46	\$430.69
Employee	\$149.86	\$270.54	\$376.48	\$235.53	\$425.27	\$591.82	\$321.19	\$579.99	\$807.17
Blue Shield PPO Standard (\$200)	\$631.62	\$1,138.12	\$1,582.12	\$631.62	\$1,138.12	\$1,582.12	\$631.62	\$1,138.12	\$1,582.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$639.53	\$1,153.95	\$1,605.86	\$639.53	\$1,153.95	\$1,605.86	\$639.53	\$1,153.95	\$1,605.86
Employer	\$449.07	\$810.44	\$1,127.88	\$336.80	\$607.83	\$845.91	\$224.54	\$405.22	\$563.94
Employee	\$190.46	\$343.51	\$477.98	\$302.73	\$546.12	\$759.95	\$414.99	\$748.73	\$1,041.92
Kaiser HMO Standard	\$403.12	\$798.12	\$1,124.12	\$403.12	\$798.12	\$1,124.12	\$403.12	\$798.12	\$1,124.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$411.03	\$813.95	\$1,147.86	\$411.03	\$813.95	\$1,147.86	\$411.03	\$813.95	\$1,147.86
Employer	\$300.45	\$592.78	\$834.42	\$225.34	\$444.59	\$625.82	\$150.23	\$296.39	\$417.21
Employee	\$110.58	\$221.17	\$313.44	\$185.69	\$369.36	\$522.04	\$260.80	\$517.56	\$730.65
Kaiser HMO ABHP (\$1400)	\$332.12	\$653.62	\$920.12	\$332.12	\$653.62	\$920.12	\$332.12	\$653.62	\$920.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$340.03	\$669.45	\$943.86	\$340.03	\$669.45	\$943.86	\$340.03	\$669.45	\$943.86
Employer	\$248.49	\$486.36	\$684.31	\$186.37	\$364.77	\$513.23	\$124.25	\$243.18	\$342.16
Employee	\$91.54	\$183.09	\$259.55	\$153.66	\$304.68	\$430.63	\$215.78	\$426.27	\$601.70
	<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, 2021

Contributions are deducted over 24 pay periods

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP High (\$2000)	\$436.12	\$787.12	\$1,093.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74
Total	\$444.03	\$802.95	\$1,116.86
Employer	\$397.71	\$397.71	\$397.71
Employee	\$46.32	\$405.24	\$719.15

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, 2021

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 GE, PL, SU, TC, PR & CR			For employees in GE, PL, SU, TC, PR & CR			For employees in GE, PL, SU, TC, PR & CR		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
DELTA DENTAL PPO+PREMIER	\$25.27	\$45.49	\$63.18	\$25.27	\$45.49	\$63.18	\$25.27	\$45.49	\$63.18
VSP CHOICE	\$2.01	\$4.02	\$6.48	\$2.01	\$4.02	\$6.48	\$2.01	\$4.02	\$6.48
Total	\$27.28	\$49.51	\$69.66	\$27.28	\$49.51	\$69.66	\$27.28	\$49.51	\$69.66
Employer	\$21.83	\$39.61	\$55.73	\$16.37	\$29.71	\$41.80	\$10.92	\$19.81	\$27.87
Employee	\$5.45	\$9.90	\$13.93	\$10.91	\$19.80	\$27.86	\$16.36	\$29.70	\$41.79

For employees in bargaining unit SA			
	EE ONLY	EE+1	FAMILY
DELTA DENTAL PPO+PREMIER	\$25.27	\$45.49	\$63.18
VSP CHOICE	\$1.70	\$3.40	\$5.48
Total	\$26.97	\$48.89	\$68.66
Employer	\$17.54	\$31.78	\$44.63
Employee	\$9.43	\$17.11	\$24.03
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, UM & UD			For employees in bargaining units CO, EL, UM & UD			For employees in bargaining units CO, EL, UM & UD		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
	DELTA DENTAL PPO+PREMIER	\$25.27	\$45.49	\$63.18	\$25.27	\$45.49	\$63.18	\$25.27	\$45.49
VSP CHOICE	\$2.01	\$4.02	\$6.48	\$2.01	\$4.02	\$6.48	\$2.01	\$4.02	\$6.48
Total	\$27.28	\$49.51	\$69.66	\$27.28	\$49.51	\$69.66	\$27.28	\$49.51	\$69.66
Employer	\$16.86	\$30.56	\$42.94	\$12.65	\$22.92	\$32.21	\$8.43	\$15.28	\$21.47
Employee	\$10.42	\$18.95	\$26.72	\$14.63	\$26.59	\$37.45	\$18.85	\$34.23	\$48.19
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)			

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 34 - 39 HOURS (PER PAY PERIOD)		
	For employees in bargaining units BD, CA, MA & SM			For employees in bargaining units BD, CA, MA & SM			For employees in bargaining units BD, CA, MA & SM		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
DELTA DENTAL PPO+PREMIER	\$25.27	\$45.49	\$63.18	\$25.27	\$45.49	\$63.18	\$25.27	\$45.49	\$63.18
VSP CHOICE	\$2.01	\$4.02	\$6.48	\$2.01	\$4.02	\$6.48	\$2.01	\$4.02	\$6.48
Total	\$27.28	\$49.51	\$69.66	\$27.28	\$49.51	\$69.66	\$27.28	\$49.51	\$69.66
Employer	\$17.74	\$32.19	\$45.28	\$13.31	\$24.14	\$33.96	\$8.87	\$16.10	\$22.64
Employee	\$9.54	\$17.32	\$24.38	\$13.97	\$25.37	\$35.70	\$18.41	\$33.41	\$47.02
NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions BD: \$6,000 (24 pay periods at \$250) CA, MA, SM: \$6,240 (24 pay periods at \$260)			NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions BD: \$6,000 (24 pay periods at \$250) CA, MA, SM: \$4,680 (24 pay periods at \$195)			NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions BD: \$6,000 (24 pay periods at \$250) CA, MA, SM: \$3,120 (24 pay periods at \$130)			

HEALTH PLAN CONTRIBUTION RATES RETIREES

Effective January 1, 2021 - December 31, 2021

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	\$872.25	\$1,574.25	\$2,186.25
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
Total	\$892.11	\$1,613.96	\$2,246.69
	<u>RETIREE ONLY</u>	<u>RETIREE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1400 ABHP	\$969.25	\$1,747.25	\$2,428.25
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
Total	\$989.11	\$1,786.96	\$2,488.69
	<u>RETIREE ONLY</u>	<u>RETIREE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,263.25	\$2,276.25	\$3,164.25
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
Total	\$1,283.11	\$2,315.96	\$3,224.69
	<u>RETIREE ONLY</u>	<u>RETIREE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$806.25	\$1,596.25	\$2,248.25
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
Total	\$826.11	\$1,635.96	\$2,308.69
	<u>RETIREE ONLY</u>	<u>RETIREE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1400 ABHP	\$664.25	\$1,307.25	\$1,840.25
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
Total	\$684.11	\$1,346.96	\$1,900.69

RETIREE HEALTH CONTRIBUTION (RHC)			
<u>YEARS OF SERVICE</u>	<u>LEVEL</u>	<u>PRE 65</u>	<u>65+</u>
12 THRU 14	LEVEL 1	\$349.85	\$135.23
15 THRU 19	LEVEL 2	\$530.08	\$204.90
20 +	LEVEL 3	\$710.30	\$274.56
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$1,060.15	\$409.80

*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)			
	<u>1 IN A&B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&B</u>
UHC Advantage PPO	\$445.11	N/A	\$890.22
EDC Admin Fee	\$15.83	N/A	\$31.66
BCC Fee (for non-PRISM plan)	\$7.00	N/A	\$14.00
Total	\$467.94	N/A	\$935.88
	<u>1 IN A&B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&B</u>
Kaiser Senior Advantage (KSA)	\$449.25	\$1,256.00	\$881.25
EDC Admin Fee	\$15.83	\$31.66	\$31.66
Total	\$465.08	\$1,287.66	\$912.91

KSA includes a vision component through Kaiser

OPTIONAL DENTAL COVERAGE*			
	<u>RETIREE ONLY</u>	<u>RETIREE+1</u>	<u>FAMILY</u>
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36

*if you previously dropped dental coverage, you cannot reenroll

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	\$4.03	\$8.05	\$8.05

*Medicare Retirees have the option of purchasing VSP at the time of initial enrollment only. If dropped, it cannot be reinstated.

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 Human Resources for rates.

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2021			
WITH NO RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$872.25	\$1,574.25	\$2,186.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
Total	\$942.66	\$1,704.94	\$2,373.05
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1400 ABHP	\$969.25	\$1,747.25	\$2,428.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
Total	\$1,039.66	\$1,877.94	\$2,615.05
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,263.25	\$2,276.25	\$3,164.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
Total	\$1,333.66	\$2,406.94	\$3,351.05
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$806.25	\$1,596.25	\$2,248.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
Total	\$876.66	\$1,726.94	\$2,435.05
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1400 ABHP	\$664.25	\$1,307.25	\$1,840.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
Total	\$734.66	\$1,437.94	\$2,027.05

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2021			
WITH RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$872.25	\$1,574.25	\$2,186.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% Fee for retiree coverage	\$18.85	\$34.10	\$47.46
Total	\$961.51	\$1,739.04	\$2,420.51
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1400 ABHP	\$969.25	\$1,747.25	\$2,428.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% Fee for retiree coverage	\$20.79	\$37.56	\$52.30
Total	\$1,060.45	\$1,915.50	\$2,667.35
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,263.25	\$2,276.25	\$3,164.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% Fee for retiree coverage	\$26.67	\$48.14	\$67.02
Total	\$1,360.33	\$2,455.08	\$3,418.07
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$806.25	\$1,596.25	\$2,248.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% Fee for retiree coverage	\$17.53	\$34.54	\$48.70
Total	\$894.19	\$1,761.48	\$2,483.75
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1400 ABHP	\$664.25	\$1,307.25	\$1,840.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% Fee for retiree coverage	\$14.69	\$28.76	\$40.54
Total	\$749.35	\$1,466.70	\$2,067.59

HEALTH PLAN CONTRIBUTION RATES

COBRA

Effective January 1, 2021

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$872.25	\$1,574.25	\$2,186.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% COBRA Admin Fee	\$18.85	\$34.10	\$47.46
Total	\$961.51	\$1,739.04	\$2,420.51

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1400 ABHP	\$969.25	\$1,747.25	\$2,428.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% COBRA Admin Fee	\$20.79	\$37.56	\$52.30
Total	\$1,060.45	\$1,915.50	\$2,667.35

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,263.25	\$2,276.25	\$3,164.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% COBRA Admin Fee	\$26.67	\$48.14	\$67.02
Total	\$1,360.33	\$2,455.08	\$3,418.07

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$806.25	\$1,596.25	\$2,248.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% COBRA Admin Fee	\$17.53	\$34.54	\$48.70
Total	\$894.19	\$1,761.48	\$2,483.75

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1400 ABHP	\$664.25	\$1,307.25	\$1,840.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% COBRA Admin Fee	\$14.69	\$28.76	\$40.54
Total	\$749.35	\$1,466.70	\$2,067.59

Employee Assistance Program (EAP)

\$5.17 regardless of number enrolled