

HEALTH PLAN CONTRIBUTION RATES

For employees in Local 1, OE3 and Probation

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

Effective January 1, 2018

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 \$1350 ABHP	\$448.23	\$807.85	\$1,123.09	\$448.23	\$807.85	\$1,123.09	\$448.23	\$807.85	\$1,123.09
EDC Admin Fee	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12
Total	\$456.93	\$825.26	\$1,149.21	\$456.93	\$825.26	\$1,149.21	\$456.93	\$825.26	\$1,149.21
Employer	\$365.55	\$660.21	\$919.37	\$274.16	\$495.16	\$689.53	\$182.78	\$330.11	\$459.69
Employee	\$91.38	\$165.05	\$229.84	\$182.77	\$330.10	\$459.68	\$274.15	\$495.15	\$689.52
Blue Shield PPO \$200	\$582.73	\$1,050.35	\$1,460.09	\$582.73	\$1,050.35	\$1,460.09	\$582.73	\$1,050.35	\$1,460.09
EDC Admin Fee	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12
Total	\$591.43	\$1,067.76	\$1,486.21	\$591.43	\$1,067.76	\$1,486.21	\$591.43	\$1,067.76	\$1,486.21
Employer	\$473.15	\$854.21	\$1,188.97	\$354.86	\$640.66	\$891.73	\$236.58	\$427.11	\$594.49
Employee	\$118.28	\$213.55	\$297.24	\$236.57	\$427.10	\$594.48	\$354.85	\$640.65	\$891.72
Kaiser HMO	\$340.00	\$672.00	\$947.50	\$340.00	\$672.00	\$947.50	\$340.00	\$672.00	\$947.50
EDC Admin Fee	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12
Total	\$348.70	\$689.41	\$973.62	\$348.70	\$689.41	\$973.62	\$348.70	\$689.41	\$973.62
Employer	\$278.96	\$551.53	\$778.90	\$209.22	\$413.65	\$584.18	\$139.48	\$275.77	\$389.45
Employee	\$69.74	\$137.88	\$194.72	\$139.48	\$275.76	\$389.44	\$209.22	\$413.64	\$584.17
Kaiser HMO \$1350 ABHP	\$279.50	\$550.50	\$775.50	\$279.50	\$550.50	\$775.50	\$279.50	\$550.50	\$775.50
EDC Admin Fee	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12
Total	\$288.20	\$567.91	\$801.62	\$288.20	\$567.91	\$801.62	\$288.20	\$567.91	\$801.62
Employer	\$230.56	\$454.33	\$641.30	\$172.92	\$340.75	\$480.98	\$115.28	\$227.17	\$320.65
Employee	\$57.64	\$113.58	\$160.32	\$115.28	\$227.16	\$320.64	\$172.92	\$340.74	\$480.97

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 January 1, 2018

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 \$1350 ABHP	\$448.23	\$807.85	\$1,123.09	\$448.23	\$807.85	\$1,123.09	\$448.23	\$807.85	\$1,123.09
EDC Admin Fee	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12
Total	\$456.93	\$825.26	\$1,149.21	\$456.93	\$825.26	\$1,149.21	\$456.93	\$825.26	\$1,149.21
Employer	\$297.01	\$536.42	\$746.99	\$222.76	\$402.32	\$560.24	\$148.51	\$268.21	\$373.50
Employee	\$159.92	\$288.84	\$402.22	\$234.17	\$422.94	\$588.97	\$308.42	\$557.05	\$775.71
Blue Shield PPO \$200	\$582.73	\$1,050.35	\$1,460.09	\$582.73	\$1,050.35	\$1,460.09	\$582.73	\$1,050.35	\$1,460.09
EDC Admin Fee	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12
Total	\$591.43	\$1,067.76	\$1,486.21	\$591.43	\$1,067.76	\$1,486.21	\$591.43	\$1,067.76	\$1,486.21
Employer	\$384.43	\$694.05	\$966.04	\$288.32	\$520.54	\$724.53	\$192.22	\$347.03	\$483.02
Employee	\$207.00	\$373.71	\$520.17	\$303.11	\$547.22	\$761.68	\$399.21	\$720.73	\$1,003.19
Kaiser HMO	\$340.00	\$672.00	\$947.50	\$340.00	\$672.00	\$947.50	\$340.00	\$672.00	\$947.50
EDC Admin Fee	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12
Total	\$348.70	\$689.41	\$973.62	\$348.70	\$689.41	\$973.62	\$348.70	\$689.41	\$973.62
Employer	\$226.66	\$448.12	\$632.86	\$170.00	\$336.09	\$474.65	\$113.33	\$224.06	\$316.43
Employee	\$122.04	\$241.29	\$340.76	\$178.70	\$353.32	\$498.97	\$235.37	\$465.35	\$657.19
Kaiser HMO \$1350 ABHP	\$279.50	\$550.50	\$775.50	\$279.50	\$550.50	\$775.50	\$279.50	\$550.50	\$775.50
EDC Admin Fee	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12
Total	\$288.20	\$567.91	\$801.62	\$288.20	\$567.91	\$801.62	\$288.20	\$567.91	\$801.62
Employer	\$187.33	\$369.15	\$521.06	\$140.50	\$276.86	\$390.80	\$93.67	\$184.58	\$260.53
Employee	\$100.87	\$198.76	\$280.56	\$147.70	\$291.05	\$410.82	\$194.53	\$383.33	\$541.09
	<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>			<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>			<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 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

Effective January 1, 2018

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 \$1350 ABHP	\$448.23	\$807.85	\$1,123.09
EDC Admin Fee	\$8.70	\$17.41	\$26.12
Total	\$456.93	\$825.26	\$1,149.21
Employer	\$297.01	\$536.42	\$746.99
Employee	\$159.92	\$288.84	\$402.22
Blue Shield PPO \$200	\$582.73	\$1,050.35	\$1,460.09
EDC Admin Fee	\$8.70	\$17.41	\$26.12
Total	\$591.43	\$1,067.76	\$1,486.21
Employer	\$384.43	\$694.05	\$966.04
Employee	\$207.00	\$373.71	\$520.17
Kaiser HMO	\$340.00	\$672.00	\$947.50
EDC Admin Fee	\$8.70	\$17.41	\$26.12
Total	\$348.70	\$689.41	\$973.62
Employer	\$226.66	\$448.12	\$632.86
Employee	\$122.04	\$241.29	\$340.76
Kaiser HMO \$1350 ABHP	\$279.50	\$550.50	\$775.50
EDC Admin Fee	\$8.70	\$17.41	\$26.12
Total	\$288.20	\$567.91	\$801.62
Employer	\$187.33	\$369.15	\$521.06
Employee	\$100.87	\$198.76	\$280.56

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, EL, SM, UM & UD

Effective January 1, 2018

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 \$1350 ABHP	\$448.23	\$807.85	\$1,123.09	\$448.23	\$807.85	\$1,123.09	\$448.23	\$807.85	\$1,123.09
EDC Admin Fee	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12
Total	\$456.93	\$825.26	\$1,149.21	\$456.93	\$825.26	\$1,149.21	\$456.93	\$825.26	\$1,149.21
Employer	\$307.07	\$554.72	\$772.73	\$230.30	\$416.04	\$579.55	\$153.54	\$277.36	\$386.37
Employee	\$149.86	\$270.54	\$376.48	\$226.63	\$409.22	\$569.66	\$303.39	\$547.90	\$762.84
	<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>	<u>FAMILY</u>
Blue Shield PPO \$200	\$582.73	\$1,050.35	\$1,460.09	\$582.73	\$1,050.35	\$1,460.09	\$582.73	\$1,050.35	\$1,460.09
EDC Admin Fee	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12
Total	\$591.43	\$1,067.76	\$1,486.21	\$591.43	\$1,067.76	\$1,486.21	\$591.43	\$1,067.76	\$1,486.21
Employer	\$400.97	\$724.25	\$1,008.23	\$300.73	\$543.19	\$756.17	\$200.49	\$362.13	\$504.12
Employee	\$190.46	\$343.51	\$477.98	\$290.70	\$524.57	\$730.04	\$390.94	\$705.63	\$982.09
	<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>	<u>FAMILY</u>
Kaiser HMO	\$340.00	\$672.00	\$947.50	\$340.00	\$672.00	\$947.50	\$340.00	\$672.00	\$947.50
EDC Admin Fee	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12
Total	\$348.70	\$689.41	\$973.62	\$348.70	\$689.41	\$973.62	\$348.70	\$689.41	\$973.62
Employer	\$238.12	\$468.24	\$660.18	\$178.59	\$351.18	\$495.14	\$119.06	\$234.12	\$330.09
Employee	\$110.58	\$221.17	\$313.44	\$170.11	\$338.23	\$478.48	\$229.64	\$455.29	\$643.53
	<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>	<u>FAMILY</u>
Kaiser HMO \$1350 ABHP	\$279.50	\$550.50	\$775.50	\$279.50	\$550.50	\$775.50	\$279.50	\$550.50	\$775.50
EDC Admin Fee	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12	\$8.70	\$17.41	\$26.12
Total	\$288.20	\$567.91	\$801.62	\$288.20	\$567.91	\$801.62	\$288.20	\$567.91	\$801.62
Employer	\$196.66	\$384.82	\$542.07	\$147.50	\$288.62	\$406.55	\$98.33	\$192.41	\$271.04
Employee	\$91.54	\$183.09	\$259.55	\$140.70	\$279.29	\$395.07	\$189.87	\$375.50	\$530.58
	<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>			<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>			<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 VISION AND DENTAL PLANS.
PLEASE SEE THE DENTAL AND VISION RATE CARD FOR THOSE RATES.**

ACA COMPLIANT PLAN*

Effective January 1, 2018

Contributions are deducted over 24 pay periods

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$403.73	\$728.85	\$1,013.09
EDC Admin Fee	\$8.70	\$17.41	\$26.12
Total	\$412.43	\$746.26	\$1,039.21
Employer	\$367.38	\$367.38	\$367.38
Employee	\$45.05	\$378.88	\$671.83

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, 2018

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
DELTA DENTAL PPO+PREMIER VSP CHOICE	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85
	\$2.29	\$4.58	\$7.37	\$2.29	\$4.58	\$7.37	\$2.29	\$4.58	\$7.37
Total	\$29.43	\$53.43	\$75.22	\$29.43	\$53.43	\$75.22	\$29.43	\$53.43	\$75.22
Employer	\$23.55	\$42.75	\$60.18	\$17.66	\$32.06	\$45.14	\$11.78	\$21.38	\$30.09
Employee	\$5.88	\$10.68	\$15.04	\$11.77	\$21.37	\$30.08	\$17.65	\$32.05	\$45.13

	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
	DELTA DENTAL PPO+PREMIER VSP CHOICE	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85
	\$2.29	\$4.58	\$7.37	\$2.29	\$4.58	\$7.37	\$2.29	\$4.58	\$7.37
Total	\$29.43	\$53.43	\$75.22	\$29.43	\$53.43	\$75.22	\$29.43	\$53.43	\$75.22
Employer	\$19.13	\$34.73	\$48.90	\$14.35	\$26.05	\$36.68	\$9.57	\$17.37	\$24.45
Employee	\$10.30	\$18.70	\$26.32	\$15.08	\$27.38	\$38.54	\$19.86	\$36.06	\$50.77
	<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>			<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>			<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>		

	For employees in bargaining unit SA		
	EE ONLY	EE+1	FAMILY
	DELTA DENTAL PPO+PREMIER VSP CHOICE	\$27.14	\$48.85
	\$2.29	\$4.58	\$7.37
Total	\$29.43	\$53.43	\$75.22
Employer	\$19.13	\$34.73	\$48.90
Employee	\$10.30	\$18.70	\$26.32
	<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>		

	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
	DELTA DENTAL PPO+PREMIER VSP CHOICE	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85
	\$2.29	\$4.58	\$7.37	\$2.29	\$4.58	\$7.37	\$2.29	\$4.58	\$7.37
Total	\$29.43	\$53.43	\$75.22	\$29.43	\$53.43	\$75.22	\$29.43	\$53.43	\$75.22
Employer	\$19.01	\$34.48	\$48.50	\$14.26	\$25.86	\$36.38	\$9.51	\$17.24	\$24.25
Employee	\$10.42	\$18.95	\$26.72	\$15.17	\$27.57	\$38.84	\$19.92	\$36.19	\$50.97
	<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>			<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>			<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>		

HEALTH PLAN CONTRIBUTION RATES RETIREES

Effective January 1, 2018 - December 31, 2018

Monthly Rates and Contributions

EARLY RETIREES (PRE 65 NO MEDICARE)			
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$2000 ABHP	\$807.46	\$1,457.71	\$2,026.19
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
Total	\$829.45	\$1,501.70	\$2,093.18
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$1350 ABHP	\$896.46	\$1,615.71	\$2,246.19
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
Total	\$918.45	\$1,659.70	\$2,313.18
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$200	\$1,165.46	\$2,100.71	\$2,920.19
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
Total	\$1,187.45	\$2,144.70	\$2,987.18
	RETIREE ONLY	RETIREE+1	FAMILY
Kaiser HMO	\$680.00	\$1,344.00	\$1,895.00
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
Total	\$701.99	\$1,387.99	\$1,961.99
	RETIREE ONLY	RETIREE+1	FAMILY
Kaiser HMO \$1350 ABHP	\$559.00	\$1,101.00	\$1,551.00
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
Total	\$580.99	\$1,144.99	\$1,617.99

RETIREE HEALTH CONTRIBUTION (RHC)			
YEARS OF SERVICE	LEVEL	PRE 65	65+
12 THRU 14	LEVEL 1	\$327.26	\$140.24
15 THRU 19	LEVEL 2	\$495.85	\$212.48
20 +	LEVEL 3	\$664.44	\$284.72
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$991.70	\$424.96

*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	\$455.83	-	\$911.66
EDC Admin Fee	\$17.41	-	\$34.83
EBS Fee (for non CSAC-EIA plan)	\$6.75	-	\$6.75
Total	\$479.99	\$0.00	\$953.24
	1 IN A&B	1 IN 1 OUT	2 IN A&B
Kaiser Senior Advantage (KSA)	\$433.00	\$1,113.00	\$851.00
EDC Admin Fee	\$17.41	\$34.83	\$34.83
Total	\$450.41	\$1,147.83	\$885.83
<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*			
	RETIREE ONLY	RETIREE+1	FAMILY
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*			
	1 IN A&B	1 IN 1 OUT	2 IN A&B
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, 2018			
WITH NO RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$807.46	\$1,457.71	\$2,026.19
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
Total	\$883.73	\$1,599.41	\$2,228.89
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1350 ABHP	\$896.46	\$1,615.71	\$2,246.19
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
Total	\$972.73	\$1,757.41	\$2,448.89
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,165.46	\$2,100.71	\$2,920.19
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
Total	\$1,241.73	\$2,242.41	\$3,122.89
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$680.00	\$1,344.00	\$1,895.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
Total	\$756.27	\$1,485.70	\$2,097.70
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1350 ABHP	\$559.00	\$1,101.00	\$1,551.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
Total	\$635.27	\$1,242.70	\$1,753.70

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2018			
WITH RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$807.46	\$1,457.71	\$2,026.19
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
2% Fee for retiree coverage	\$17.67	\$31.99	\$44.58
Total	\$901.40	\$1,631.40	\$2,273.47
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1350 ABHP	\$896.46	\$1,615.71	\$2,246.19
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
2% Fee for retiree coverage	\$19.45	\$35.15	\$48.98
Total	\$992.18	\$1,792.56	\$2,497.87
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,165.46	\$2,100.71	\$2,920.19
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
2% Fee for retiree coverage	\$24.83	\$44.85	\$62.46
Total	\$1,266.56	\$2,287.26	\$3,185.35
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$680.00	\$1,344.00	\$1,895.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
2% Fee for retiree coverage	\$15.13	\$29.71	\$41.95
Total	\$771.40	\$1,515.41	\$2,139.65
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1350 ABHP	\$559.00	\$1,101.00	\$1,551.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
2% Fee for retiree coverage	\$12.71	\$24.85	\$35.07
Total	\$647.98	\$1,267.55	\$1,788.77

HEALTH PLAN CONTRIBUTION RATES

COBRA

Effective January 1, 2018

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$807.46	\$1,457.71	\$2,026.19
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
2% COBRA Admin Fee	\$17.67	\$31.99	\$44.58
Total	\$901.40	\$1,631.40	\$2,273.47

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1350 ABHP	\$896.46	\$1,615.71	\$2,246.19
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
2% COBRA Admin Fee	\$19.45	\$35.15	\$48.98
Total	\$992.18	\$1,792.56	\$2,497.87

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,165.46	\$2,100.71	\$2,920.19
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
2% COBRA Admin Fee	\$24.83	\$44.85	\$62.46
Total	\$1,266.56	\$2,287.26	\$3,185.35

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$680.00	\$1,344.00	\$1,895.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
2% COBRA Admin Fee	\$15.13	\$29.71	\$41.95
Total	\$771.40	\$1,515.41	\$2,139.65

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1350 ABHP	\$559.00	\$1,101.00	\$1,551.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
2% COBRA Admin Fee	\$12.71	\$24.85	\$35.07
Total	\$647.98	\$1,267.55	\$1,788.77

Employee Assistance Program (EAP)

\$5.55 regardless of number enrolled