

# HEALTH PLAN CONTRIBUTION RATES

For employees in Local 1 and OE3

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

Effective January 1, 2016

*Contributions are deducted over 24 pay periods*

<b>FULL TIME 64+ HOURS (PER PAY PERIOD)</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$361.74	\$653.87	\$910.92
<b>Employee</b>	<b>\$90.44</b>	<b>\$163.47</b>	<b>\$227.73</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$468.14	\$845.47	\$1,176.92
<b>Employee</b>	<b>\$117.04</b>	<b>\$211.37</b>	<b>\$294.23</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$262.48	\$524.96	\$744.26
<b>Employee</b>	<b>\$65.62</b>	<b>\$131.24</b>	<b>\$186.07</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$211.12	\$422.24	\$598.90
<b>Employee</b>	<b>\$52.78</b>	<b>\$105.56</b>	<b>\$149.73</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 Local 1 and OE3

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

Effective January 1, 2016

*Contributions are deducted over 24 pay periods*

<b>PART TIME 40 - 63 HOURS (PER PAY PERIOD)</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$271.31	\$490.40	\$683.19
<b>Employee</b>	<b>\$180.87</b>	<b>\$326.93</b>	<b>\$455.46</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$351.11	\$634.10	\$882.69
<b>Employee</b>	<b>\$234.07</b>	<b>\$422.73</b>	<b>\$588.46</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$196.86	\$393.72	\$558.20
<b>Employee</b>	<b>\$131.24</b>	<b>\$262.48</b>	<b>\$372.13</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$158.34	\$316.68	\$449.18
<b>Employee</b>	<b>\$105.56</b>	<b>\$211.12</b>	<b>\$299.45</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 Local 1 and OE3

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

Effective January 1, 2016

*Contributions are deducted over 24 pay periods*

<b>PART TIME 32 - 39 HOURS (PER PAY PERIOD)</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$180.87	\$326.93	\$455.46
<b>Employee</b>	<b>\$271.31</b>	<b>\$490.40</b>	<b>\$683.19</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$234.07	\$422.73	\$588.46
<b>Employee</b>	<b>\$351.11</b>	<b>\$634.10</b>	<b>\$882.69</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$131.24	\$262.48	\$372.13
<b>Employee</b>	<b>\$196.86</b>	<b>\$393.72</b>	<b>\$558.20</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$105.56	\$211.12	\$299.45
<b>Employee</b>	<b>\$158.34</b>	<b>\$316.68</b>	<b>\$449.18</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, CC & MA

Effective January 1, 2016

*Contributions are deducted over 24 pay periods*

<b>FULL TIME 64+ HOURS (PER PAY PERIOD)</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$293.92	\$531.27	\$740.12
<b>Employee</b>	<b>\$158.26</b>	<b>\$286.07</b>	<b>\$398.53</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$380.37	\$686.94	\$956.24
<b>Employee</b>	<b>\$204.81</b>	<b>\$369.89</b>	<b>\$514.90</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$213.27	\$426.53	\$604.71
<b>Employee</b>	<b>\$114.84</b>	<b>\$229.67</b>	<b>\$325.61</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$171.54	\$343.07	\$486.61
<b>Employee</b>	<b>\$92.37</b>	<b>\$184.73</b>	<b>\$262.02</b>
<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 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, 2016

*Contributions are deducted over 24 pay periods*

<b>PART TIME 40 - 63 HOURS (PER PAY PERIOD)</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$220.44	\$398.45	\$555.09
<b>Employee</b>	<b>\$231.74</b>	<b>\$418.88</b>	<b>\$583.56</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$285.28	\$515.21	\$717.18
<b>Employee</b>	<b>\$299.90</b>	<b>\$541.63</b>	<b>\$753.96</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$159.95	\$319.90	\$453.53
<b>Employee</b>	<b>\$168.15</b>	<b>\$336.31</b>	<b>\$476.79</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$128.65	\$257.30	\$364.95
<b>Employee</b>	<b>\$135.25</b>	<b>\$270.50</b>	<b>\$383.67</b>
<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>			

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# HEALTH PLAN CONTRIBUTION RATES

## For employees in bargaining units CA, CC & MA

Effective January 1, 2016

*Contributions are deducted over 24 pay periods*

<b>PART TIME 32 - 39 HOURS (PER PAY PERIOD)</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$146.96	\$265.63	\$370.06
<b>Employee</b>	<b>\$305.22</b>	<b>\$551.70</b>	<b>\$768.59</b>
<b>Blue Shield PPO \$200</b>	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$190.18	\$343.47	\$478.12
<b>Employee</b>	<b>\$395.00</b>	<b>\$713.36</b>	<b>\$993.02</b>
<b>Kaiser HMO</b>	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$106.63	\$213.27	\$302.36
<b>Employee</b>	<b>\$221.47</b>	<b>\$442.94</b>	<b>\$627.97</b>
<b>Kaiser HMO \$1300 ABHP</b>	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$85.77	\$171.54	\$243.30
<b>Employee</b>	<b>\$178.13</b>	<b>\$356.27</b>	<b>\$505.32</b>
<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>			

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# HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

SA

Effective January 1, 2016

*Contributions are deducted over 24 pay periods*

<b>FULL TIME 64+ HOURS (PER PAY PERIOD)</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$293.92	\$531.27	\$740.12
<b>Employee</b>	<b>\$158.26</b>	<b>\$286.07</b>	<b>\$398.53</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$380.37	\$686.94	\$956.24
<b>Employee</b>	<b>\$204.81</b>	<b>\$369.89</b>	<b>\$514.90</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$213.27	\$426.53	\$604.71
<b>Employee</b>	<b>\$114.84</b>	<b>\$229.67</b>	<b>\$325.61</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$171.54	\$343.07	\$486.61
<b>Employee</b>	<b>\$92.37</b>	<b>\$184.73</b>	<b>\$262.02</b>
<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 RATE CARD FOR THOSE RATES.**

# HEALTH PLAN CONTRIBUTION RATES

## For employees in bargaining units

SA

Effective January 1, 2016

*Contributions are deducted over 24 pay periods*

<b>PART TIME 40 - 63 HOURS (PER PAY PERIOD)</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$220.44	\$398.45	\$555.09
<b>Employee</b>	<b>\$231.74</b>	<b>\$418.88</b>	<b>\$583.56</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
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EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$285.28	\$515.21	\$717.18
<b>Employee</b>	<b>\$299.90</b>	<b>\$541.63</b>	<b>\$753.96</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$159.95	\$319.90	\$453.53
<b>Employee</b>	<b>\$168.15</b>	<b>\$336.31</b>	<b>\$476.79</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$128.65	\$257.30	\$364.95
<b>Employee</b>	<b>\$135.25</b>	<b>\$270.50</b>	<b>\$383.67</b>

*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)*

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# HEALTH PLAN CONTRIBUTION RATES

## For employees in bargaining units

SA

Effective January 1, 2016

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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$441.63	\$796.23	\$1,106.99
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Total	\$452.18	\$817.34	\$1,138.65
Employer	\$146.96	\$265.63	\$370.06
<b>Employee</b>	<b>\$305.22</b>	<b>\$551.70</b>	<b>\$768.59</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$190.18	\$343.47	\$478.12
<b>Employee</b>	<b>\$395.00</b>	<b>\$713.36</b>	<b>\$993.02</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$106.63	\$213.27	\$302.36
<b>Employee</b>	<b>\$221.47</b>	<b>\$442.94</b>	<b>\$627.97</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$85.77	\$171.54	\$243.30
<b>Employee</b>	<b>\$178.13</b>	<b>\$356.27</b>	<b>\$505.32</b>
<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 January 1, 2016

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<b>FULL TIME 64+ HOURS (PER PAY PERIOD)</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$302.32	\$546.80	\$762.17
<b>Employee</b>	<b>\$149.86</b>	<b>\$270.54</b>	<b>\$376.48</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$394.72	\$713.33	\$993.17
<b>Employee</b>	<b>\$190.46</b>	<b>\$343.51</b>	<b>\$477.98</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$317.55	\$635.10	\$898.67
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<b>Employee</b>	<b>\$92.37</b>	<b>\$184.73</b>	<b>\$262.02</b>
<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 January 1, 2016

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<b>PART TIME 40 - 63 HOURS (PER PAY PERIOD)</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$226.74	\$410.10	\$571.62
<b>Employee</b>	<b>\$225.44</b>	<b>\$407.24</b>	<b>\$567.02</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$296.04	\$534.99	\$744.87
<b>Employee</b>	<b>\$289.14</b>	<b>\$521.84</b>	<b>\$726.27</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$159.95	\$319.90	\$453.53
<b>Employee</b>	<b>\$168.15</b>	<b>\$336.31</b>	<b>\$476.79</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$128.65	\$257.30	\$364.95
<b>Employee</b>	<b>\$135.25</b>	<b>\$270.50</b>	<b>\$383.67</b>
<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 VISION AND DENTAL PLANS. PLEASE SEE THE DENTAL AND VISION RATE CARD FOR THOSE RATES.**

# HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO, EL, SM, UM & UD

Effective January 1, 2016

*Contributions are deducted over 24 pay periods*

<b>PART TIME 32 - 39 HOURS (PER PAY PERIOD)</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$151.16	\$273.40	\$381.08
<b>Employee</b>	<b>\$301.02</b>	<b>\$543.94</b>	<b>\$757.56</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$197.36	\$356.66	\$496.58
<b>Employee</b>	<b>\$387.82</b>	<b>\$700.17</b>	<b>\$974.56</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$106.63	\$213.27	\$302.36
<b>Employee</b>	<b>\$221.47</b>	<b>\$442.94</b>	<b>\$627.97</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$85.77	\$171.54	\$243.30
<b>Employee</b>	<b>\$178.13</b>	<b>\$356.27</b>	<b>\$505.32</b>
<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.**

<b>ACA AFFORDABLE PLAN*</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$398.13	\$718.23	\$998.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$408.68	\$739.34	\$1,030.15
Employer	\$363.91	\$363.91	\$363.91
<b>Employee</b>	<b>\$44.77</b>	<b>\$375.42</b>	<b>\$666.23</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 PLAN MEETS BOTH THE MINIMUM ESSENTIAL COVERAGE (MEC) AND AFFORDABILITY REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA)*

## DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2016

*Contributions are deducted over 24 pay periods*

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

For employees in Local 1 and OE3 (GE, PL, SU, TC, PR & CR)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.86	\$67.86
VSP CHOICE	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$23.82	\$43.31	\$61.08
<b>Employee</b>	<b>\$5.96</b>	<b>\$10.83</b>	<b>\$15.27</b>

For employees in bargaining units CA, CC & MA			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.86	\$67.86
VSP CHOICE	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$19.36	\$35.19	\$49.63
<b>Employee</b>	<b>\$10.42</b>	<b>\$18.95</b>	<b>\$26.72</b>

*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)*

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
VSP CHOICE	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$19.36	\$35.19	\$49.63
<b>Employee</b>	<b>\$10.42</b>	<b>\$18.95</b>	<b>\$26.72</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 \$250 each)*

For employees in bargaining units CO, EL, SM, UM & UD			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.86	\$67.86
VSP CHOICE	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$19.36	\$35.19	\$49.63
<b>Employee</b>	<b>\$10.42</b>	<b>\$18.95</b>	<b>\$26.72</b>

*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)*

**HEALTH PLAN CONTRIBUTION RATES  
RETIREES**  
Effective January 1, 2016 - December 31, 2016  
*Monthly Rates and Contributions*

<b>EARLY RETIREES (PRE 65 NO MEDICARE)</b>			
	<u>RETIREE ONLY</u>	<u>RETIREE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$796.26	\$1,436.46	\$1,996.98
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
<b>Total</b>	<b>\$822.64</b>	<b>\$1,489.23</b>	<b>\$2,077.29</b>
<b>Blue Shield PPO \$1300 ABHP</b>	\$883.26	\$1,592.46	\$2,213.98
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
<b>Total</b>	<b>\$909.64</b>	<b>\$1,645.23</b>	<b>\$2,294.29</b>
<b>Blue Shield PPO \$200</b>	\$1,149.26	\$2,071.46	\$2,878.98
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
<b>Total</b>	<b>\$1,175.64</b>	<b>\$2,124.23</b>	<b>\$2,959.29</b>
<b>Kaiser HMO</b>	\$635.10	\$1,270.20	\$1,797.34
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
<b>Total</b>	<b>\$661.48</b>	<b>\$1,322.97</b>	<b>\$1,877.65</b>
<b>Kaiser HMO \$1300 ABHP</b>	\$506.70	\$1,013.40	\$1,433.94
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
<b>Total</b>	<b>\$533.08</b>	<b>\$1,066.17</b>	<b>\$1,514.25</b>

<b>RETIREE HEALTH CONTRIBUTION (RHC)</b>			
<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.

<b>MEDICARE RETIREES</b>			
	<u>1 IN A&amp;B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&amp;B</u>
<b>UHC Advantage PPO</b>	\$363.15	-	\$726.30
EDC Admin Fee	\$22.10	-	\$42.21
<b>Total</b>	<b>\$385.25</b>	<b>\$0.00</b>	<b>\$768.51</b>
<i>This plan includes a vision component</i>			
<b>Kaiser Senior Advantage (KSA)</b>	\$403.48	\$1,038.58	\$806.95
EDC Admin Fee	\$22.10	\$42.21	\$42.21
<b>Total</b>	<b>\$425.58</b>	<b>\$1,080.79</b>	<b>\$849.16</b>
<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	

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

<b>OPTIONAL VSP COVERAGE FOR MEDICARE RETIREES*</b>			
	<u>1 IN A&amp;B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&amp;B</u>
<b>VSP Choice</b>	\$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](http://www.edcgov.us/Government/Risk).

OPTION #2

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES			
Effective January 1, 2016			
WITH NO RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$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	\$21.10	\$42.21	\$63.31
<b>Total</b>	<b>\$876.92</b>	<b>\$1,586.94</b>	<b>\$2,213.00</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$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	\$21.10	\$42.21	\$63.31
<b>Total</b>	<b>\$963.92</b>	<b>\$1,742.94</b>	<b>\$2,430.00</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$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	\$21.10	\$42.21	\$63.31
<b>Total</b>	<b>\$1,229.92</b>	<b>\$2,221.94</b>	<b>\$3,095.00</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$635.10	\$1,270.20	\$1,797.34
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
<b>Total</b>	<b>\$715.76</b>	<b>\$1,420.68</b>	<b>\$2,013.36</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$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	\$21.10	\$42.21	\$63.31
<b>Total</b>	<b>\$587.36</b>	<b>\$1,163.88</b>	<b>\$1,649.96</b>

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES			
Effective January 1, 2016			
WITH RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$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	\$21.10	\$42.21	\$63.31
2% Fee for retiree coverage	\$17.54	\$31.74	\$44.26
<b>Total</b>	<b>\$894.46</b>	<b>\$1,618.68</b>	<b>\$2,257.26</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$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	\$21.10	\$42.21	\$63.31
2% Fee for retiree coverage	\$19.28	\$34.86	\$48.60
<b>Total</b>	<b>\$983.20</b>	<b>\$1,777.80</b>	<b>\$2,478.60</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$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	\$21.10	\$42.21	\$63.31
2% Fee for retiree coverage	\$24.60	\$44.44	\$61.90
<b>Total</b>	<b>\$1,254.52</b>	<b>\$2,266.38</b>	<b>\$3,156.90</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$635.10	\$1,270.20	\$1,797.34
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
2% Fee for retiree coverage	\$14.32	\$28.41	\$40.27
<b>Total</b>	<b>\$730.08</b>	<b>\$1,449.09</b>	<b>\$2,053.63</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$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	\$21.10	\$42.21	\$63.31
2% Fee for retiree coverage	\$11.75	\$23.28	\$33.00
<b>Total</b>	<b>\$599.11</b>	<b>\$1,187.16</b>	<b>\$1,682.96</b>



<b>HEALTH PLAN CONTRIBUTION RATES</b>			
<b>COBRA</b>			
Effective January 1, 2016			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$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	\$21.10	\$42.21	\$63.31
2% COBRA Admin Fee	\$17.54	\$31.74	\$44.26
<b>Total</b>	<b>\$894.46</b>	<b>\$1,618.68</b>	<b>\$2,257.26</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$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	\$21.10	\$42.21	\$63.31
2% COBRA Admin Fee	\$19.28	\$34.86	\$48.60
<b>Total</b>	<b>\$983.20</b>	<b>\$1,777.80</b>	<b>\$2,478.60</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$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	\$21.10	\$42.21	\$63.31
2% COBRA Admin Fee	\$24.60	\$44.44	\$61.90
<b>Total</b>	<b>\$1,254.52</b>	<b>\$2,266.38</b>	<b>\$3,156.90</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$635.10	\$1,270.20	\$1,797.34
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
2% COBRA Admin Fee	\$14.32	\$28.41	\$40.27
<b>Total</b>	<b>\$730.08</b>	<b>\$1,449.09</b>	<b>\$2,053.63</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$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	\$21.10	\$42.21	\$63.31
2% COBRA Admin Fee	\$11.75	\$23.28	\$33.00
<b>Total</b>	<b>\$599.11</b>	<b>\$1,187.16</b>	<b>\$1,682.96</b>
Employee Assistance Program (EAP)			
\$5.55 regardless of number enrolled			

Contributions					
Product		PPO			
Name of Plan		CSAC Blue Shield PPO 200 - 80/60 (Actives & Early Retirees)			
Number of Subscribers		517			
Group Number		E10072			
Tier	UW Base Rate	EBS Fee	MHN (MH/SA)	Total	
Single	\$ 1,141.00	\$ 0.50	\$ 8.26	\$ 1,149.76	
Two Party	\$ 2,056.00	\$ 0.50	\$ 15.46	\$ 2,071.96	
Family	\$ 2,857.00	\$ 0.50	\$ 21.98	\$ 2,879.48	
Product		PPO			
Name of Plan		CSAC Blue Shield Broze Plan ABHP			
Number of Subscribers		TBD			
Group Number					
Tier	UW Base Rate	EBS Fee	MHN (MH/SA)	Total	
Single	\$ 788.00	\$ 0.50	\$ 8.26	\$ 796.76	
Two Party	\$ 1,421.00	\$ 0.50	\$ 15.46	\$ 1,436.96	
Family	\$ 1,975.00	\$ 0.50	\$ 21.98	\$ 1,997.48	
Product		PPO			
Name of Plan		CSAC Blue Shield ABHP 1300			
Number of Subscribers		63			
Group Number		E10073			
Tier	UW Base Rate	EBS Fee	MHN (MH/SA)	Total	
Single	\$ 875.00	\$ 0.50	\$ 8.26	\$ 883.76	
Two Party	\$ 1,577.00	\$ 0.50	\$ 15.46	\$ 1,592.96	
Family	\$ 2,192.00	\$ 0.50	\$ 21.98	\$ 2,214.48	
Product		HMO			
Name of Plan		Kaiser HMO (Actives & Early Retirees)			
Number of Subscribers		768			
Group Number		34936-0000			
Tier	Kaiser Base Rate	EBS Fee	Chiro	Total	
Single	\$ 633.24	\$ 7.25	\$ 1.86	\$ 642.35	
Two Party	\$ 1,266.48	\$ 7.25	\$ 3.72	\$ 1,277.45	
Family	\$ 1,792.08	\$ 7.25	\$ 5.26	\$ 1,804.59	
Product		HMO			
Name of Plan		Kaiser HMO (Medicare Retirees)			
Number of Subscribers		83			
Group Number		34936-0001			
Group Contributions					
Tier	Kaiser Base Rate	EBS Fee	Chiro	Total	
Sub (M)	\$ 401.62	\$ 7.25	\$ 1.86	\$ 410.73	
Sub (M)+Spouse (M)	\$ 803.24	\$ 7.25	\$ 3.72	\$ 814.21	
Sub (M)+Spouse (Non-M)	\$ 1,034.86	\$ 7.25	\$ 3.72	\$ 1,045.83	
<b>Combo Rates</b>					
Sub (M)	\$ 401.62	\$ 7.25	\$ 1.86	\$ 410.73	
Sub (M)+Spouse (Non-M)	\$ 1,034.86	\$ 7.25	\$ 3.72	\$ 1,045.83	
Sub (Non-M)+Spouse (M)	\$ 1,034.86	\$ 7.25	\$ 3.72	\$ 1,045.83	
Sub (M)+Spouse (M)	\$ 803.24	\$ 7.25	\$ 3.72	\$ 814.21	
Sub (M)+Child (Non-M)	\$ 1,034.86	\$ 7.25	\$ 3.72	\$ 1,045.83	
Sub (M)+Children (Non-M)	\$ 1,560.46	\$ 7.25	\$ 5.26	\$ 1,572.97	
Sub (M)+Spouse (M)+Child (Non-M)	\$ 1,328.84	\$ 7.25	\$ 5.26	\$ 1,341.35	
Sub (M)+Spouse (Non-M)+Child (Non-M)	\$ 1,560.46	\$ 7.25	\$ 5.26	\$ 1,572.97	
Sub (Non-M)+Spouse (M)+Child (Non-M)	\$ 1,560.46	\$ 7.25	\$ 5.26	\$ 1,572.97	
Sub (M)+Spouse (M)+Children (Non-M)	\$ 1,328.84	\$ 7.25	\$ 5.26	\$ 1,341.35	
Sub (M)+Spouse (Non-M)+Children (Non-M)	\$ 1,560.46	\$ 7.25	\$ 5.26	\$ 1,572.97	
Sub (Non-M)+Spouse (M)+Child (Non-M)	\$ 1,560.46	\$ 7.25	\$ 5.26	\$ 1,572.97	
<b>Unassigned Rates</b>					
One Party >65 No Part A or B, or Part B Only	\$ 1,760.86	\$ 7.25	\$ 1.86	\$ 1,769.97	
One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage	\$ 2,162.48	\$ 7.25	\$ 3.72	\$ 2,173.45	
One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage + Child(ren) <65	\$ 2,688.08	\$ 7.25	\$ 5.26	\$ 2,700.59	
Two Party >65 No Part A or B, or Part B Only	\$ 3,521.72	\$ 7.25	\$ 3.72	\$ 3,532.69	
Two Party >65 No Part A or B, or Part B Only + Child(ren) <65	\$ 4,047.32	\$ 7.25	\$ 5.26	\$ 4,059.83	
One Party >65 Part A Only	\$ 1,350.22	\$ 7.25	\$ 1.86	\$ 1,359.33	
One Party >65 Part A Only + One Party Senior Advantage	\$ 1,751.84	\$ 7.25	\$ 3.72	\$ 1,762.81	
One Party >65 Part A Only+ One Party Senior Advantage + Child(ren) <65	\$ 2,277.44	\$ 7.25	\$ 5.26	\$ 2,289.95	
Two Party >65 Part A Only	\$ 2,700.44	\$ 7.25	\$ 3.72	\$ 2,711.41	
Two Party >65 Part A Only + Child(ren) <65	\$ 3,226.04	\$ 7.25	\$ 5.26	\$ 3,238.55	
Product		HMO			
Name of Plan		Kaiser HMO \$1300 HDHP (Actives & Early Retirees)			
Number of Subscribers		8			

Group Number		34936			
Tier	Kaiser Base Rate	EBS Fee	Chiro	Total	
Single	\$ 504.90	\$ 7.25	\$ 1.80	\$ 513.95	
Two Party	\$ 1,009.80	\$ 7.25	\$ 3.60	\$ 1,020.65	
Family	\$ 1,428.86	\$ 7.25	\$ 5.08	\$ 1,441.19	
Product		PPO			
Name of Plan		UHC Group Retiree			
Number of Subscribers		TBD			
Group Number		TBD			
Tier	UHC Base Rate	EBS Fee	Chiro	Total	
PMPM	\$ 363.15	\$ -	\$ -	\$ 363.15	
Product		Vision			
Name of Plan		CSAC EIA VSP (Sherriffs)			
Number of Subscribers		132			
Group Number		00112374-0003			
Tier	VSP Base Rate	EBS Fee	EBS Fee	Total	
Single	\$ 5.28		\$ -	\$ 5.28	
Two Party	\$ 10.56		\$ -	\$ 10.56	
Family	\$ 17.00		\$ -	\$ 17.00	
Product		Vision			
Name of Plan		CSAC EIA VSP (All Others)			
Number of Subscribers		1382			
Group Number		00112374-0001			
Tier	VSP Base Rate (ASO)	EBS Fee	EBS Fee	Total	
Single	\$ 5.28		\$ -	\$ 5.28	
Two Party	\$ 10.56		\$ -	\$ 10.56	
Family	\$ 17.00		\$ -	\$ 17.00	
Product		EAP			
Name of Plan		MHN EAP			
Number of Subscribers		1749			
Group Number		6178			
Tier	MHN Base Rate	EBS Fee	EBS Fee	Total	
Composite Rate	\$ 5.44	\$ -	\$ -	\$ 5.44	
Product		Dental			
Name of Plan		Delta Dental PPO			
Number of Subscribers		1525			
Group Number		353			
Tier	Delta Base Rate (ASO)	EBS Fee	EBS Fee	Total	
Single	\$ 54.28	\$ -	\$ -	\$ 54.28	
Two Party	\$ 97.71	\$ -	\$ -	\$ 97.71	
Family	\$ 135.71	\$ -	\$ -	\$ 135.71	