## HEALTH PLAN CONTRIBUTION RATES COBRA

Effective May 1, 2024

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	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP High (\$2000)	\$1,014.00	\$1,831.00	\$2,542.00
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
2% COBRA Admin Fee	\$21.66	\$39.19	\$54.53
Total	\$1,104.78	\$1,998.92	\$2,781.11
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP Low (\$1600)	\$1,128.00	\$2,033.00	
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
2% COBRA Admin Fee	\$23.94	\$43.23	\$60.19
		_	
Total	\$1,221.06	\$2,204.96	\$3,069.77
_	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO Standard (\$200)	\$1,470.00	\$2,648.00	\$3,681.00
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
2% COBRA Admin Fee	\$30.78	\$55.53	\$77.31
Total	\$1,569.90	\$2,832.26	\$3,942.89
	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO	\$986.00	\$1,952.00	\$2,750.00
<b>Kaiser HMO</b> Delta Dental PPO+Premier	\$986.00 \$47.50	\$1,952.00 \$85.50	\$2,750.00 \$118.75
Kaiser HMO Delta Dental PPO+Premier VSP Choice	\$986.00 \$47.50 \$4.50	\$1,952.00 \$85.50 \$8.98	\$2,750.00 \$118.75 \$14.46
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee	\$986.00 \$47.50 \$4.50 \$17.12	\$1,952.00 \$85.50 \$8.98 \$34.25	\$2,750.00 \$118.75 \$14.46 \$51.37
Kaiser HMO Delta Dental PPO+Premier VSP Choice	\$986.00 \$47.50 \$4.50	\$1,952.00 \$85.50 \$8.98	\$2,750.00 \$118.75 \$14.46
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee	\$986.00 \$47.50 \$4.50 \$17.12 \$21.10	\$1,952.00 \$85.50 \$8.98 \$34.25 \$41.61	\$2,750.00 \$118.75 \$14.46 \$51.37 \$58.69
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee	\$986.00 \$47.50 \$4.50 \$17.12	\$1,952.00 \$85.50 \$8.98 \$34.25	\$2,750.00 \$118.75 \$14.46 \$51.37
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee	\$986.00 \$47.50 \$4.50 \$17.12 \$21.10 \$1,076.22	\$1,952.00 \$85.50 \$8.98 \$34.25 \$41.61 \$2,122.34	\$2,750.00 \$118.75 \$14.46 \$51.37 \$58.69 \$2,993.27
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee	\$986.00 \$47.50 \$4.50 \$17.12 \$21.10 \$1,076.22	\$1,952.00 \$85.50 \$8.98 \$34.25 \$41.61 \$2,122.34	\$2,750.00 \$118.75 \$14.46 \$51.37 \$58.69 \$2,993.27
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1600)	\$986.00 \$47.50 \$4.50 \$17.12 \$21.10 \$1,076.22 EE ONLY \$813.00	\$1,952.00 \$85.50 \$8.98 \$34.25 \$41.61 \$2,122.34 <u>EE+1</u> \$1,599.00	\$2,750.00 \$118.75 \$14.46 \$51.37 \$58.69 \$2,993.27 FAMILY \$2,251.00
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1600) Delta Dental PPO+Premier	\$986.00 \$47.50 \$4.50 \$17.12 \$21.10 \$1,076.22 EE ONLY \$813.00 \$47.50	\$1,952.00 \$85.50 \$8.98 \$34.25 \$41.61 \$2,122.34 \$EE+1 \$1,599.00 \$85.50	\$2,750.00 \$118.75 \$14.46 \$51.37 \$58.69 \$2,993.27 FAMILY \$2,251.00 \$118.75
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1600) Delta Dental PPO+Premier VSP Choice	\$986.00 \$47.50 \$4.50 \$17.12 \$21.10 \$1,076.22 EE ONLY \$813.00 \$47.50 \$4.50	\$1,952.00 \$85.50 \$8.98 \$34.25 \$41.61 \$2,122.34 \$EE+1 \$1,599.00 \$85.50 \$8.98	\$2,750.00 \$118.75 \$14.46 \$51.37 \$58.69 <b>\$2,993.27</b> FAMILY \$2,251.00 \$118.75 \$14.46
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1600) Delta Dental PPO+Premier VSP Choice EDC Admin Fee	\$986.00 \$47.50 \$4.50 \$17.12 \$21.10 \$1,076.22 EE ONLY \$813.00 \$47.50 \$4.50 \$17.12	\$1,952.00 \$85.50 \$8.98 \$34.25 \$41.61 \$2,122.34 EE+1 \$1,599.00 \$85.50 \$8.98 \$34.25	\$2,750.00 \$118.75 \$14.46 \$51.37 \$58.69 \$2,993.27 FAMILY \$2,251.00 \$118.75 \$14.46 \$51.37
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1600) Delta Dental PPO+Premier VSP Choice	\$986.00 \$47.50 \$4.50 \$17.12 \$21.10 \$1,076.22 EE ONLY \$813.00 \$47.50 \$4.50	\$1,952.00 \$85.50 \$8.98 \$34.25 \$41.61 \$2,122.34 \$EE+1 \$1,599.00 \$85.50 \$8.98	\$2,750.00 \$118.75 \$14.46 \$51.37 \$58.69 <b>\$2,993.27</b> FAMILY \$2,251.00 \$118.75 \$14.46
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1600) Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee	\$986.00 \$47.50 \$4.50 \$17.12 \$21.10 \$1,076.22 EE ONLY \$813.00 \$47.50 \$4.50 \$17.12 \$17.64	\$1,952.00 \$85.50 \$8.98 \$34.25 \$41.61 \$2,122.34 EE+1 \$1,599.00 \$85.50 \$8.98 \$34.25 \$34.55	\$2,750.00 \$118.75 \$14.46 \$51.37 \$58.69 <b>\$2,993.27</b> FAMILY \$2,251.00 \$118.75 \$14.46 \$51.37 \$48.71
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1600) Delta Dental PPO+Premier VSP Choice EDC Admin Fee	\$986.00 \$47.50 \$4.50 \$17.12 \$21.10 \$1,076.22 EE ONLY \$813.00 \$47.50 \$4.50 \$17.12 \$17.64	\$1,952.00 \$85.50 \$8.98 \$34.25 \$41.61 \$2,122.34 EE+1 \$1,599.00 \$85.50 \$8.98 \$34.25	\$2,750.00 \$118.75 \$14.46 \$51.37 \$58.69 <b>\$2,993.27</b> FAMILY \$2,251.00 \$118.75 \$14.46 \$51.37 \$48.71
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1600) Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total	\$986.00 \$47.50 \$47.50 \$17.12 \$21.10 \$1,076.22 EE ONLY \$813.00 \$47.50 \$4.50 \$17.12 \$17.64 \$899.76	\$1,952.00 \$85.50 \$8.98 \$34.25 \$41.61 \$2,122.34 \$1,599.00 \$85.50 \$8.98 \$34.25 \$34.55	\$2,750.00 \$118.75 \$14.46 \$51.37 \$58.69 <b>\$2,993.27</b> FAMILY \$2,251.00 \$118.75 \$14.46 \$51.37 \$48.71
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1600) Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total  Employee Assistan	\$986.00 \$47.50 \$4.50 \$17.12 \$21.10 \$1,076.22 EE ONLY \$813.00 \$47.50 \$4.50 \$17.12 \$17.64 \$899.76	\$1,952.00 \$85.50 \$8.98 \$34.25 \$41.61 <b>\$2,122.34</b> <u>EE+1</u> \$1,599.00 \$85.50 \$8.98 \$34.25 \$34.55 <b>\$1,762.28</b> m (EAP)	\$2,750.00 \$118.75 \$14.46 \$51.37 \$58.69 \$2,993.27 FAMILY \$2,251.00 \$118.75 \$14.46 \$51.37 \$48.71 \$2,484.29
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1600) Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total  Employee Assistan \$3.56	\$986.00 \$47.50 \$47.50 \$17.12 \$21.10 <b>\$1,076.22</b> <b>EE ONLY</b> \$813.00 \$47.50 \$4.50 \$17.12 \$17.64 <b>\$899.76</b> Ince Programates of the programate	\$1,952.00 \$85.50 \$8.98 \$34.25 \$41.61 \$2,122.34 \$1,599.00 \$85.50 \$8.98 \$34.25 \$34.55	\$2,750.00 \$118.75 \$14.46 \$51.37 \$58.69 \$2,993.27 FAMILY \$2,251.00 \$118.75 \$14.46 \$51.37 \$48.71 \$2,484.29
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1600) Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total  Employee Assistan \$3.56 Concern	\$986.00 \$47.50 \$47.50 \$17.12 \$21.10 \$1,076.22 EE ONLY \$813.00 \$47.50 \$47.50 \$17.12 \$17.64 \$899.76 Ance Programate and the p	\$1,952.00 \$85.50 \$8.98 \$34.25 \$41.61 <b>\$2,122.34</b> <u>EE+1</u> \$1,599.00 \$85.50 \$8.98 \$34.25 \$34.55 <b>\$1,762.28</b> m (EAP)	\$2,750.00 \$118.75 \$14.46 \$51.37 \$58.69 <b>\$2,993.27</b> FAMILY \$2,251.00 \$118.75 \$14.46 \$51.37 \$48.71 <b>\$2,484.29</b>