

# 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, 2025

*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)		
	<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>
<b>Blue Shield PPO Standard (\$200)</b>	\$780.50	\$1,406.00	\$1,954.50	\$780.50	\$1,406.00	\$1,954.50	\$780.50	\$1,406.00	\$1,954.50
EDC Admin Fee	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79
Total	\$788.09	\$1,421.19	\$1,977.29	\$788.09	\$1,421.19	\$1,977.29	\$788.09	\$1,421.19	\$1,977.29
Employer	\$630.48	\$1,136.96	\$1,581.84	\$472.86	\$852.72	\$1,186.38	\$315.24	\$568.48	\$790.92
<b>Employee</b>	<b>\$157.61</b>	<b>\$284.23</b>	<b>\$395.45</b>	<b>\$315.23</b>	<b>\$568.47</b>	<b>\$790.91</b>	<b>\$472.85</b>	<b>\$852.71</b>	<b>\$1,186.37</b>
<b>Blue Shield PPO ABHP Low (\$1650)</b>	\$599.00	\$1,079.50	\$1,500.00	\$599.00	\$1,079.50	\$1,500.00	\$599.00	\$1,079.50	\$1,500.00
EDC Admin Fee	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79
Total	\$606.59	\$1,094.69	\$1,522.79	\$606.59	\$1,094.69	\$1,522.79	\$606.59	\$1,094.69	\$1,522.79
Employer	\$485.28	\$875.76	\$1,218.24	\$363.96	\$656.82	\$913.68	\$242.64	\$437.88	\$609.12
<b>Employee</b>	<b>\$121.31</b>	<b>\$218.93</b>	<b>\$304.55</b>	<b>\$242.63</b>	<b>\$437.87</b>	<b>\$609.11</b>	<b>\$363.95</b>	<b>\$656.81</b>	<b>\$913.67</b>
<b>Kaiser HMO Standard</b>	\$523.50	\$1,036.50	\$1,460.00	\$523.50	\$1,036.50	\$1,460.00	\$523.50	\$1,036.50	\$1,460.00
EDC Admin Fee	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79
Total	\$531.09	\$1,051.69	\$1,482.79	\$531.09	\$1,051.69	\$1,482.79	\$531.09	\$1,051.69	\$1,482.79
Employer	\$424.88	\$841.36	\$1,186.24	\$318.66	\$631.02	\$889.68	\$212.44	\$420.68	\$593.12
<b>Employee</b>	<b>\$106.21</b>	<b>\$210.33</b>	<b>\$296.55</b>	<b>\$212.43</b>	<b>\$420.67</b>	<b>\$593.11</b>	<b>\$318.65</b>	<b>\$631.01</b>	<b>\$889.67</b>
<b>Kaiser HMO ABHP (\$1650)</b>	\$431.50	\$849.00	\$1,195.00	\$431.50	\$849.00	\$1,195.00	\$431.50	\$849.00	\$1,195.00
EDC Admin Fee	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79
Total	\$439.09	\$864.19	\$1,217.79	\$439.09	\$864.19	\$1,217.79	\$439.09	\$864.19	\$1,217.79
Employer	\$351.28	\$691.36	\$974.24	\$263.46	\$518.52	\$730.68	\$175.64	\$345.68	\$487.12
<b>Employee</b>	<b>\$87.81</b>	<b>\$172.83</b>	<b>\$243.55</b>	<b>\$175.63</b>	<b>\$345.67</b>	<b>\$487.11</b>	<b>\$263.45</b>	<b>\$518.51</b>	<b>\$730.67</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

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

Effective January 1, 2025

*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
<b>Blue Shield PPO Standard (\$200)</b>	\$780.50	\$1,406.00	\$1,954.50	\$780.50	\$1,406.00	\$1,954.50	\$780.50	\$1,406.00	\$1,954.50
EDC Admin Fee	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79
Total	\$788.09	\$1,421.19	\$1,977.29	\$788.09	\$1,421.19	\$1,977.29	\$788.09	\$1,421.19	\$1,977.29
Employer	\$512.26	\$923.78	\$1,285.24	\$384.20	\$692.84	\$963.93	\$256.13	\$461.89	\$642.62
<b>Employee</b>	<b>\$275.83</b>	<b>\$497.41</b>	<b>\$692.05</b>	<b>\$403.89</b>	<b>\$728.35</b>	<b>\$1,013.36</b>	<b>\$531.96</b>	<b>\$959.30</b>	<b>\$1,334.67</b>
<b>Blue Shield PPO ABHP Low (\$1650)</b>	\$599.00	\$1,079.50	\$1,500.00	\$599.00	\$1,079.50	\$1,500.00	\$599.00	\$1,079.50	\$1,500.00
EDC Admin Fee	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79
Total	\$606.59	\$1,094.69	\$1,522.79	\$606.59	\$1,094.69	\$1,522.79	\$606.59	\$1,094.69	\$1,522.79
Employer	\$394.29	\$711.55	\$989.82	\$295.72	\$533.66	\$742.37	\$197.15	\$355.78	\$494.91
<b>Employee</b>	<b>\$212.30</b>	<b>\$383.14</b>	<b>\$532.97</b>	<b>\$310.87</b>	<b>\$561.03</b>	<b>\$780.42</b>	<b>\$409.44</b>	<b>\$738.91</b>	<b>\$1,027.88</b>
<b>Kaiser HMO Standard</b>	\$523.50	\$1,036.50	\$1,460.00	\$523.50	\$1,036.50	\$1,460.00	\$523.50	\$1,036.50	\$1,460.00
EDC Admin Fee	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79
Total	\$531.09	\$1,051.69	\$1,482.79	\$531.09	\$1,051.69	\$1,482.79	\$531.09	\$1,051.69	\$1,482.79
Employer	\$345.21	\$683.60	\$963.82	\$258.91	\$512.70	\$722.87	\$172.61	\$341.80	\$481.91
<b>Employee</b>	<b>\$185.88</b>	<b>\$368.09</b>	<b>\$518.97</b>	<b>\$272.18</b>	<b>\$538.99</b>	<b>\$759.92</b>	<b>\$358.48</b>	<b>\$709.89</b>	<b>\$1,000.88</b>
<b>Kaiser HMO ABHP (\$1650)</b>	\$431.50	\$849.00	\$1,195.00	\$431.50	\$849.00	\$1,195.00	\$431.50	\$849.00	\$1,195.00
EDC Admin Fee	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79
Total	\$439.09	\$864.19	\$1,217.79	\$439.09	\$864.19	\$1,217.79	\$439.09	\$864.19	\$1,217.79
Employer	\$285.41	\$561.73	\$791.57	\$214.06	\$421.30	\$593.68	\$142.71	\$280.87	\$395.79
<b>Employee</b>	<b>\$153.68</b>	<b>\$302.46</b>	<b>\$426.22</b>	<b>\$225.03</b>	<b>\$442.89</b>	<b>\$624.11</b>	<b>\$296.38</b>	<b>\$583.32</b>	<b>\$822.00</b>
	<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, &amp; 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, &amp; 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, &amp; 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, 2025

*Contributions are deducted over 24 pay periods*

	<b>FULL TIME 64+ HOURS</b>		
	<b><u>EE ONLY</u></b>	<b><u>EE+1</u></b>	<b><u>FAMILY</u></b>
<b>Blue Shield PPO Standard (\$200)</b>	\$780.50	\$1,406.00	\$1,954.50
EDC Admin Fee	\$7.59	\$15.19	\$22.79
Total	\$788.09	\$1,421.19	\$1,977.29
Employer	\$512.26	\$923.78	\$1,285.24
<b>Employee</b>	<b>\$275.83</b>	<b>\$497.41</b>	<b>\$692.05</b>
<b>Blue Shield PPO ABHP Low (\$1650)</b>	\$599.00	\$1,079.50	\$1,500.00
EDC Admin Fee	\$7.59	\$15.19	\$22.79
Total	\$606.59	\$1,094.69	\$1,522.79
Employer	\$394.29	\$711.55	\$989.82
<b>Employee</b>	<b>\$212.30</b>	<b>\$383.14</b>	<b>\$532.97</b>
<b>Kaiser HMO Standard</b>	\$523.50	\$1,036.50	\$1,460.00
EDC Admin Fee	\$7.59	\$15.19	\$22.79
Total	\$531.09	\$1,051.69	\$1,482.79
Employer	\$345.21	\$683.60	\$963.82
<b>Employee</b>	<b>\$185.88</b>	<b>\$368.09</b>	<b>\$518.97</b>
<b>Kaiser HMO ABHP (\$1650)</b>	\$431.50	\$849.00	\$1,195.00
EDC Admin Fee	\$7.59	\$15.19	\$22.79
Total	\$439.09	\$864.19	\$1,217.79
Employer	\$285.41	\$561.73	\$791.57
<b>Employee</b>	<b>\$153.68</b>	<b>\$302.46</b>	<b>\$426.22</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.**

# HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO (Confidential), EL (Elected), UM (Unrepresented Management) & UD (Department Head)

Effective January 1, 2025

*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
<b>Blue Shield PPO Standard (\$200)</b>	\$780.50	\$1,406.00	\$1,954.50	\$780.50	\$1,406.00	\$1,954.50	\$780.50	\$1,406.00	\$1,954.50
EDC Admin Fee	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79
Total	\$788.09	\$1,421.19	\$1,977.29	\$788.09	\$1,421.19	\$1,977.29	\$788.09	\$1,421.19	\$1,977.29
Employer	\$562.73	\$1,015.23	\$1,413.40	\$422.05	\$761.42	\$1,060.05	\$281.37	\$507.62	\$706.70
<b>Employee</b>	<b>\$225.36</b>	<b>\$405.96</b>	<b>\$563.89</b>	<b>\$366.04</b>	<b>\$659.77</b>	<b>\$917.24</b>	<b>\$506.72</b>	<b>\$913.57</b>	<b>\$1,270.59</b>
<b>Blue Shield PPO ABHP Low (\$1650)</b>	\$599.00	\$1,079.50	\$1,500.00	\$599.00	\$1,079.50	\$1,500.00	\$599.00	\$1,079.50	\$1,500.00
EDC Admin Fee	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79
Total	\$606.59	\$1,094.69	\$1,522.79	\$606.59	\$1,094.69	\$1,522.79	\$606.59	\$1,094.69	\$1,522.79
Employer	\$431.90	\$779.56	\$1,084.96	\$323.93	\$584.67	\$813.72	\$215.95	\$389.78	\$542.48
<b>Employee</b>	<b>\$174.69</b>	<b>\$315.13</b>	<b>\$437.83</b>	<b>\$282.66</b>	<b>\$510.02</b>	<b>\$709.07</b>	<b>\$390.64</b>	<b>\$704.91</b>	<b>\$980.31</b>
<b>Kaiser HMO Standard</b>	\$523.50	\$1,036.50	\$1,460.00	\$523.50	\$1,036.50	\$1,460.00	\$523.50	\$1,036.50	\$1,460.00
EDC Admin Fee	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79
Total	\$531.09	\$1,051.69	\$1,482.79	\$531.09	\$1,051.69	\$1,482.79	\$531.09	\$1,051.69	\$1,482.79
Employer	\$400.06	\$788.52	\$1,110.44	\$300.05	\$591.39	\$832.83	\$200.03	\$394.26	\$555.22
<b>Employee</b>	<b>\$131.03</b>	<b>\$263.17</b>	<b>\$372.35</b>	<b>\$231.04</b>	<b>\$460.30</b>	<b>\$649.96</b>	<b>\$331.06</b>	<b>\$657.43</b>	<b>\$927.57</b>
<b>Kaiser HMO ABHP (\$1650)</b>	\$431.50	\$849.00	\$1,195.00	\$431.50	\$849.00	\$1,195.00	\$431.50	\$849.00	\$1,195.00
EDC Admin Fee	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79	\$7.59	\$15.19	\$22.79
Total	\$439.09	\$864.19	\$1,217.79	\$439.09	\$864.19	\$1,217.79	\$439.09	\$864.19	\$1,217.79
Employer	\$332.03	\$649.41	\$913.49	\$249.02	\$487.06	\$685.12	\$166.02	\$324.71	\$456.75
<b>Employee</b>	<b>\$107.06</b>	<b>\$214.78</b>	<b>\$304.30</b>	<b>\$190.07</b>	<b>\$377.13</b>	<b>\$532.67</b>	<b>\$273.07</b>	<b>\$539.48</b>	<b>\$761.04</b>
	<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.**

# DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2025

*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
<b>DELTA DENTAL PPO+PREMIER</b>	\$24.05	\$43.28	\$60.12	\$24.05	\$43.28	\$60.12	\$24.05	\$43.28	\$60.12
<b>VSP CHOICE</b>	\$2.02	\$4.04	\$6.50	\$2.02	\$4.04	\$6.50	\$2.02	\$4.04	\$6.50
Total	\$26.07	\$47.32	\$66.62	\$26.07	\$47.32	\$66.62	\$26.07	\$47.32	\$66.62
Employer	\$20.86	\$37.86	\$53.30	\$15.65	\$28.40	\$39.98	\$10.43	\$18.93	\$26.65
<b>Employee</b>	<b>\$5.21</b>	<b>\$9.46</b>	<b>\$13.32</b>	<b>\$10.42</b>	<b>\$18.92</b>	<b>\$26.64</b>	<b>\$15.64</b>	<b>\$28.39</b>	<b>\$39.97</b>

	For employees in bargaining unit SA		
	EE ONLY	EE+1	FAMILY
<b>DELTA DENTAL PPO+PREMIER</b>	\$24.05	\$43.28	\$60.12
<b>VSP CHOICE</b>	\$1.71	\$3.42	\$5.50
Total	\$25.76	\$46.70	\$65.62
Employer	\$16.75	\$30.36	\$42.66
<b>Employee</b>	<b>\$9.01</b>	<b>\$16.34</b>	<b>\$22.96</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>		

	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
	<b>DELTA DENTAL PPO+PREMIER</b>	\$24.05	\$43.28	\$60.12	\$24.05	\$43.28	\$60.12	\$24.05	\$43.28
<b>VSP CHOICE</b>	\$2.02	\$4.04	\$6.50	\$2.02	\$4.04	\$6.50	\$2.02	\$4.04	\$6.50
Total	\$26.07	\$47.32	\$66.62	\$26.07	\$47.32	\$66.62	\$26.07	\$47.32	\$66.62
Employer	\$15.65	\$28.37	\$39.90	\$11.74	\$21.28	\$29.93	\$7.83	\$14.19	\$19.95
<b>Employee</b>	<b>\$10.42</b>	<b>\$18.95</b>	<b>\$26.72</b>	<b>\$14.33</b>	<b>\$26.04</b>	<b>\$36.69</b>	<b>\$18.24</b>	<b>\$33.13</b>	<b>\$46.67</b>
	<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>		

	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
	<b>DELTA DENTAL PPO+PREMIER</b>	\$24.05	\$43.28	\$60.12	\$24.05	\$43.28	\$60.12	\$24.05	\$43.28
<b>VSP CHOICE</b>	\$2.02	\$4.04	\$6.50	\$2.02	\$4.04	\$6.50	\$2.02	\$4.04	\$6.50
Total	\$26.07	\$47.32	\$66.62	\$26.07	\$47.32	\$66.62	\$26.07	\$47.32	\$66.62
Employer	\$16.95	\$30.76	\$43.31	\$12.71	\$23.07	\$32.48	\$8.48	\$15.38	\$21.66
<b>Employee</b>	<b>\$9.12</b>	<b>\$16.56</b>	<b>\$23.31</b>	<b>\$13.36</b>	<b>\$24.25</b>	<b>\$34.14</b>	<b>\$17.59</b>	<b>\$31.94</b>	<b>\$44.96</b>
	<i>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)</i>			<i>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)</i>			<i>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)</i>		

# HEALTH PLAN CONTRIBUTION RATES

For employees in OE3 Health Trust Plans

(CR and TC bargaining units only)

EFFECTIVE PP 24-2024

*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)		
	<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>
<b>Plan A (Blue Cross/ Comprehensive)</b>	\$619.00	\$1,238.00	\$1,671.50	\$619.00	\$1,238.00	\$1,671.50	\$619.00	\$1,238.00	\$1,671.50
Total	\$619.00	\$1,238.00	\$1,671.50	\$619.00	\$1,238.00	\$1,671.50	\$619.00	\$1,238.00	\$1,671.50
Employer	\$619.00	\$1,174.82	\$1,635.14	\$488.51	\$881.12	\$1,226.36	\$325.67	\$587.41	\$817.57
<b>Employee</b>	<b>\$0.00</b>	<b>\$63.18</b>	<b>\$36.36</b>	<b>\$130.49</b>	<b>\$356.88</b>	<b>\$445.14</b>	<b>\$293.33</b>	<b>\$650.59</b>	<b>\$853.93</b>
<b>Plan B (Kaiser)</b>	\$583.00	\$1,165.50	\$1,520.50	\$583.00	\$1,165.50	\$1,520.50	\$583.00	\$1,165.50	\$1,520.50
Total	\$583.00	\$1,165.50	\$1,520.50	\$583.00	\$1,165.50	\$1,520.50	\$583.00	\$1,165.50	\$1,520.50
Employer	\$445.74	\$879.22	\$1,239.54	\$334.31	\$659.42	\$929.66	\$222.87	\$439.61	\$619.77
<b>Employee</b>	<b>\$137.26</b>	<b>\$286.28</b>	<b>\$280.96</b>	<b>\$248.69</b>	<b>\$506.08</b>	<b>\$590.84</b>	<b>\$360.13</b>	<b>\$725.89</b>	<b>\$900.73</b>

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2025			
WITH NO RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$1,077.00	\$1,944.00	\$2,699.00
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
<b>Total</b>	<b>\$1,144.34</b>	<b>\$2,069.04</b>	<b>\$2,877.83</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1650 ABHP</b>	\$1,198.00	\$2,159.00	\$3,000.00
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
<b>Total</b>	<b>\$1,265.34</b>	<b>\$2,284.04</b>	<b>\$3,178.83</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$1,561.00	\$2,812.00	\$3,909.00
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
<b>Total</b>	<b>\$1,628.34</b>	<b>\$2,937.04</b>	<b>\$4,087.83</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$1,047.00	\$2,073.00	\$2,920.00
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
<b>Total</b>	<b>\$1,114.34</b>	<b>\$2,198.04</b>	<b>\$3,098.83</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1650 ABHP</b>	\$863.00	\$1,698.00	\$2,390.00
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
<b>Total</b>	<b>\$930.34</b>	<b>\$1,823.04</b>	<b>\$2,568.83</b>

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2025			
WITH RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$1,077.00	\$1,944.00	\$2,699.00
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
2% Fee for retiree coverage	\$22.89	\$41.38	\$57.56
<b>Total</b>	<b>\$1,167.23</b>	<b>\$2,110.42</b>	<b>\$2,935.39</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1650 ABHP</b>	\$1,198.00	\$2,159.00	\$3,000.00
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
2% Fee for retiree coverage	\$25.31	\$45.68	\$63.58
<b>Total</b>	<b>\$1,290.65</b>	<b>\$2,329.72</b>	<b>\$3,242.41</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$1,561.00	\$2,812.00	\$3,909.00
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
2% Fee for retiree coverage	\$32.57	\$58.74	\$81.76
<b>Total</b>	<b>\$1,660.91</b>	<b>\$2,995.78</b>	<b>\$4,169.59</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$1,047.00	\$2,073.00	\$2,920.00
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
2% Fee for retiree coverage	\$22.29	\$43.96	\$61.98
<b>Total</b>	<b>\$1,136.63</b>	<b>\$2,242.00</b>	<b>\$3,160.81</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1650 ABHP</b>	\$863.00	\$1,698.00	\$2,390.00
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
2% Fee for retiree coverage	\$18.61	\$36.46	\$51.38
<b>Total</b>	<b>\$948.95</b>	<b>\$1,859.50</b>	<b>\$2,620.21</b>

# HEALTH PLAN CONTRIBUTION RATES

## COBRA

Effective January 1, 2025

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO ABHP High (\$2000)</b>	\$1,077.00	\$1,944.00	\$2,699.00
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
2% COBRA Admin Fee	\$22.89	\$41.38	\$57.56
<b>Total</b>	<b>\$1,167.23</b>	<b>\$2,110.42</b>	<b>\$2,935.39</b>

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO ABHP Low (\$1650)</b>	\$1,198.00	\$2,159.00	\$3,000.00
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
2% COBRA Admin Fee	\$25.31	\$45.68	\$63.58
<b>Total</b>	<b>\$1,290.65</b>	<b>\$2,329.72</b>	<b>\$3,242.41</b>

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO Standard (\$200)</b>	\$1,561.00	\$2,812.00	\$3,909.00
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
2% COBRA Admin Fee	\$32.57	\$58.74	\$81.76
<b>Total</b>	<b>\$1,660.91</b>	<b>\$2,995.78</b>	<b>\$4,169.59</b>

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$1,047.00	\$2,073.00	\$2,920.00
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
2% COBRA Admin Fee	\$22.29	\$43.96	\$61.98
<b>Total</b>	<b>\$1,136.63</b>	<b>\$2,242.00</b>	<b>\$3,160.81</b>

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO ABHP (\$1650)</b>	\$863.00	\$1,698.00	\$2,390.00
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
2% COBRA Admin Fee	\$18.61	\$36.46	\$51.38
<b>Total</b>	<b>\$948.95</b>	<b>\$1,859.50</b>	<b>\$2,620.21</b>

Employee Assistance Program (EAP)

\$3.56 regardless of number enrolled