

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

FULL TIME 64+ HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$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
Employee	\$90.44	\$163.47	\$227.73
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$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
Employee	\$117.04	\$211.37	\$294.23
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$336.99	\$673.99	\$955.48
Employer	\$269.59	\$539.19	\$764.38
Employee	\$67.40	\$134.80	\$191.10
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$269.05	\$538.10	\$763.20
Employer	\$215.24	\$430.48	\$610.56
Employee	\$53.81	\$107.62	\$152.64
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$492.08	\$1,008.16	\$1,428.00
Employer	\$393.66	\$806.52	\$1,142.40
Employee	\$98.42	\$201.63	\$285.60

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

PART TIME 40 - 63 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$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
Employee	\$180.87	\$326.93	\$455.46
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$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
Employee	\$234.07	\$422.73	\$588.46
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$336.99	\$673.99	\$955.48
Employer	\$202.19	\$404.39	\$573.29
Employee	\$134.80	\$269.59	\$382.19
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$269.05	\$538.10	\$763.20
Employer	\$161.43	\$322.86	\$457.92
Employee	\$107.62	\$215.24	\$305.28
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$492.08	\$1,008.16	\$1,428.00
Employer	\$295.25	\$604.89	\$856.80
Employee	\$196.83	\$403.26	\$571.20

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

PART TIME 32 - 39 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$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
Employee	\$271.31	\$490.40	\$683.19
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$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
Employee	\$351.11	\$634.10	\$882.69
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$336.99	\$673.99	\$955.48
Employer	\$134.80	\$269.59	\$382.19
Employee	\$202.19	\$404.39	\$573.29
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$269.05	\$538.10	\$763.20
Employer	\$107.62	\$215.24	\$305.28
Employee	\$161.43	\$322.86	\$457.92
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$492.08	\$1,008.16	\$1,428.00
Employer	\$196.83	\$403.26	\$571.20
Employee	\$295.25	\$604.89	\$856.80

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

FULL TIME 64+ HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$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
Employee	\$158.26	\$286.07	\$398.53
Blue Shield PPO \$200	\$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
Employee	\$204.81	\$369.89	\$514.90
Kaiser HMO	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$336.99	\$673.99	\$955.48
Employer	\$219.04	\$438.09	\$621.06
Employee	\$117.95	\$235.89	\$334.42
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$269.05	\$538.10	\$763.20
Employer	\$174.88	\$349.76	\$496.08
Employee	\$94.17	\$188.33	\$267.12
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$492.08	\$1,008.16	\$1,428.00
Employer	\$319.85	\$655.30	\$928.20
Employee	\$172.23	\$352.85	\$499.80
<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

PART TIME 40 - 63 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$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
Employee	\$231.74	\$418.88	\$583.56
Blue Shield PPO \$200	\$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
Employee	\$299.90	\$541.63	\$753.96
Kaiser HMO	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$336.99	\$673.99	\$955.48
Employer	\$164.28	\$328.57	\$465.80
Employee	\$172.71	\$345.42	\$489.68
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$269.05	\$538.10	\$763.20
Employer	\$131.16	\$262.32	\$372.06
Employee	\$137.89	\$275.77	\$391.14
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$492.08	\$1,008.16	\$1,428.00
Employer	\$239.89	\$491.48	\$696.15
Employee	\$252.19	\$516.68	\$731.85
<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 CA, CC & MA

Effective January 1, 2016

Contributions are deducted over 24 pay periods

PART TIME 32 - 39 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$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
Employee	\$305.22	\$551.70	\$768.59
Blue Shield PPO \$200	\$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
Employee	\$395.00	\$713.36	\$993.02
Kaiser HMO	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$336.99	\$673.99	\$955.48
Employer	\$109.52	\$219.05	\$310.53
Employee	\$227.47	\$454.94	\$644.95
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$269.05	\$538.10	\$763.20
Employer	\$87.44	\$174.88	\$248.04
Employee	\$181.61	\$363.21	\$515.16
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$492.08	\$1,008.16	\$1,428.00
Employer	\$159.92	\$327.65	\$464.10
Employee	\$332.15	\$680.50	\$963.90
<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, 2016

Contributions are deducted over 24 pay periods

FULL TIME 64+ HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$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
Employee	\$158.26	\$286.07	\$398.53
Blue Shield PPO \$200	\$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
Employee	\$204.81	\$369.89	\$514.90
Kaiser HMO	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$336.99	\$673.99	\$955.48
Employer	\$219.04	\$438.09	\$621.06
Employee	\$117.95	\$235.89	\$334.42
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$269.05	\$538.10	\$763.20
Employer	\$174.88	\$349.76	\$496.08
Employee	\$94.17	\$188.33	\$267.12
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$492.08	\$1,008.16	\$1,428.00
Employer	\$319.85	\$655.30	\$928.20
Employee	\$172.23	\$352.85	\$499.80

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. 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

PART TIME 40 - 63 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$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
Employee	\$231.74	\$418.88	\$583.56
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$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
Employee	\$299.90	\$541.63	\$753.96
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$336.99	\$673.99	\$955.48
Employer	\$164.28	\$328.57	\$465.80
Employee	\$172.71	\$345.42	\$489.68
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$269.05	\$538.10	\$763.20
Employer	\$131.16	\$262.32	\$372.06
Employee	\$137.89	\$275.77	\$391.14
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$492.08	\$1,008.16	\$1,428.00
Employer	\$239.89	\$491.48	\$696.15
Employee	\$252.19	\$516.68	\$731.85

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)

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

PART TIME 32 - 39 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$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
Employee	\$305.22	\$551.70	\$768.59
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$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
Employee	\$395.00	\$713.36	\$993.02
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$336.99	\$673.99	\$955.48
Employer	\$109.52	\$219.05	\$310.53
Employee	\$227.47	\$454.94	\$644.95
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$269.05	\$538.10	\$763.20
Employer	\$87.44	\$174.88	\$248.04
Employee	\$181.61	\$363.21	\$515.16
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$492.08	\$1,008.16	\$1,428.00
Employer	\$159.92	\$327.65	\$464.10
Employee	\$332.15	\$680.50	\$963.90

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)

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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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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$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
Employee	\$149.86	\$270.54	\$376.48
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$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
Employee	\$190.46	\$343.51	\$477.98
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$336.99	\$673.99	\$955.48
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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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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
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Employer	\$296.04	\$534.99	\$744.87
Employee	\$289.14	\$521.84	\$726.27
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EDC Admin Fee	\$10.55	\$21.11	\$31.66
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Employer	\$164.28	\$328.57	\$465.80
Employee	\$172.71	\$345.42	\$489.68
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$269.05	\$538.10	\$763.20
Employer	\$131.16	\$262.32	\$372.06
Employee	\$137.89	\$275.77	\$391.14
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$492.08	\$1,008.16	\$1,428.00
Employer	\$244.74	\$501.80	\$711.18
Employee	\$247.34	\$506.36	\$716.82

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)

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

PART TIME 32 - 39 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$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
Employee	\$301.02	\$543.94	\$757.56
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$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
Employee	\$387.82	\$700.17	\$974.56
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$336.99	\$673.99	\$955.48
Employer	\$109.52	\$219.05	\$310.53
Employee	\$227.47	\$454.94	\$644.95
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$269.05	\$538.10	\$763.20
Employer	\$87.44	\$174.88	\$248.04
Employee	\$181.61	\$363.21	\$515.16
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$492.08	\$1,008.16	\$1,428.00
Employer	\$163.16	\$334.53	\$474.12
Employee	\$328.92	\$673.63	\$953.88

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)

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, 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
Employee	\$5.96	\$10.83	\$15.27

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
Employee	\$10.42	\$18.95	\$26.72

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 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
Employee	\$10.42	\$18.95	\$26.72

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 units 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
Employee	\$10.42	\$18.95	\$26.72

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)

HEALTH PLAN CONTRIBUTION RATES

RETIREES

Effective January 1, 2016 - December 31, 2016

Monthly Rates and Contributions

EARLY RETIREES (PRE 65 NO MEDICARE)			
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$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
Total	\$909.64	\$1,645.23	\$2,294.29
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$200	\$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
Total	\$1,175.64	\$2,124.23	\$2,959.29
	RETIREE ONLY	RETIREE+1	FAMILY
Kaiser HMO	\$652.88	\$1,305.76	\$1,847.65
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
Total	\$679.26	\$1,358.53	\$1,927.96
	RETIREE ONLY	RETIREE+1	FAMILY
Kaiser HMO \$1300 ABHP	\$517.00	\$1,033.98	\$1,463.09
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
Total	\$543.38	\$1,086.75	\$1,543.40
	RETIREE ONLY	RETIREE+1	FAMILY
United Healthcare HMO	\$963.05	\$1,974.10	\$2,792.69
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
Total	\$989.43	\$2,026.87	\$2,873.00

RETIREE HEALTH CONTRIBUTION (RHC)			
YEARS OF SERVICE	LEVEL	PRE 65	65+
12 THRU 14	LEVEL 1	\$273.43	\$181.99
15 THRU 19	LEVEL 2	\$414.29	\$275.74
20 +	LEVEL 3	\$555.15	\$369.49
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$828.59	\$551.47

*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			
	1 IN A&B	1 IN 1 OUT	2 IN A&B
Blue Shield PPO \$1300 ABHP	\$790.92	\$1,474.34	\$1,499.34
VSP Choice	\$5.28	\$10.56	\$10.56
EDC Admin Fee	\$22.10	\$42.21	\$42.21
Total	\$818.30	\$1,527.11	\$1,552.11
	1 IN A&B	1 IN 1 OUT	2 IN A&B
Blue Shield PPO \$200 w/EGWP	\$737.92	\$1,885.34	\$1,499.34
VSP Choice	\$5.28	\$10.56	\$10.56
EDC Admin Fee	\$22.10	\$42.21	\$42.21
Total	\$765.30	\$1,938.11	\$1,552.11
	1 IN A&B	1 IN 1 OUT	2 IN A&B
Kaiser Senior Advantage (KSA)*	\$403.48	\$1,057.90	\$806.95
EDC Admin Fee	\$22.10	\$42.21	\$42.21
Total	\$425.58	\$1,100.11	\$849.16
<i>*Kaiser vision is included in the Kaiser Senior Advantage plan</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
<i>*if you previously dropped dental coverage, you cannot reenroll</i>			

OPTIONAL VSP COVERAGE FOR MEDICARE RETIREES*			
	1 IN A&B	1 IN 1 OUT	2 IN A&B
VSP Choice	\$5.28	\$10.56	\$10.56
<i>*KSA 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.

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>
Blue Shield PPO \$1300 ABHP	\$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
Total	\$963.92	\$1,742.94	\$2,430.00
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$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
Total	\$1,229.92	\$2,221.94	\$3,095.00
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$652.88	\$1,305.76	\$1,847.65
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
Total	\$733.54	\$1,456.24	\$2,063.67
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$517.00	\$1,033.98	\$1,463.09
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
Total	\$597.66	\$1,184.46	\$1,679.11
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$963.05	\$1,974.10	\$2,792.69
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
Total	\$1,043.71	\$2,124.58	\$3,008.71

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2016			
WITH RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$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
Total	\$983.20	\$1,777.80	\$2,478.60
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$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
Total	\$1,254.52	\$2,266.38	\$3,156.90
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$652.88	\$1,305.76	\$1,847.65
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	\$14.67	\$29.12	\$41.27
Total	\$748.21	\$1,485.36	\$2,104.94
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$517.00	\$1,033.98	\$1,463.09
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	\$11.95	\$23.69	\$33.58
Total	\$609.61	\$1,208.15	\$1,712.69
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$963.05	\$1,974.10	\$2,792.69
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	\$20.87	\$42.49	\$60.17
Total	\$1,064.58	\$2,167.07	\$3,068.88

HEALTH PLAN CONTRIBUTION RATES			
COBRA			
Effective January 1, 2016			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$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
Total	\$983.20	\$1,777.80	\$2,478.60
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$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
Total	\$1,254.52	\$2,266.38	\$3,156.90
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$652.88	\$1,305.76	\$1,847.65
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	\$14.67	\$29.12	\$41.27
Total	\$748.21	\$1,485.36	\$2,104.94
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$517.00	\$1,033.98	\$1,463.09
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	\$11.95	\$23.69	\$33.58
Total	\$609.61	\$1,208.15	\$1,712.69
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$963.05	\$1,974.10	\$2,792.69
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	\$20.87	\$42.49	\$60.17
Total	\$1,064.58	\$2,167.07	\$3,068.88

Contributions					
Product		PPO			
Name of Plan		CSAC Blue Shield PPO 200 - 80/60 (Actives & Early Retirees)			
Number of Subscribers		458			
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 PPO 200 - 80/60 (Medicare Retirees) EGWP			
Number of Subscribers		103			
Group Number		E10072			
Tier	UW Base Rate	EBS Fee	MHN (MH/SA)	Total	
One in Medicare A & B	\$ 731.00	\$ 0.50	\$ 6.92	\$ 738.42	
One in Medicare A & B and one not on Medicare	\$ 1,872.00	\$ 0.50	\$ 13.34	\$ 1,885.84	
Two in Medicare	\$ 1,461.00	\$ 0.50	\$ 13.34	\$ 1,474.84	
Retiree+Spouse with Deps (1 Medicare)	\$ 2,673.00	\$ 0.50	\$ 19.19	\$ 2,692.69	
Retiree+Spouse with Deps (2 Medicare)	\$ 2,262.00	\$ 0.50	\$ 19.19	\$ 2,281.69	
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		PPO			
Name of Plan		CSAC Blue Shield ABHP 1300			
Number of Subscribers		13			
Group Number		E10073			
Tier	UW Base Rate	EBS Fee	MHN (MH/SA)	Total	
Single	\$784	\$ 0.50	\$ 6.92	\$ 791.42	
2 Party	\$1,486	\$ 0.50	\$ 13.34	\$ 1,499.84	
Family	n/a		n/a	\$ -	
2 Party (1 Medicare, 1 Without)	\$1,461	\$ 0.50	\$ 13.34	\$ 1,474.84	
Family (1 Medicare, 2 Without)	\$2,163	\$ 0.50	\$ 19.19	\$ 2,182.69	
Family (2 Medicare, 1 Without)	\$2,101	\$ 0.50	\$ 19.19	\$ 2,120.69	
Product		HMO			
Name of Plan		Kaiser HMO (Actives & Early Retirees)			
Number of Subscribers		709			
Group Number		34936-0000			
Tier	Kaiser Base Rate	EBS Fee	Chiro	Total	
Single	\$ 651.02	\$ 7.25	\$ 1.86	\$ 660.13	
Two Party	\$ 1,302.05	\$ 7.25	\$ 3.71	\$ 1,313.01	
Family	\$ 1,842.40	\$ 7.25	\$ 5.25	\$ 1,854.90	
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	\$ 3.71	\$ 814.20	
Sub (M)+Spouse (Non-M)	\$ 1,052.65	\$ 7.25	\$ 5.25	\$ 1,065.15	
Combo Rates					
Sub (M)	\$ 401.62	\$ 7.25	\$ 1.86	\$ 410.73	
Sub (M)+Spouse (Non-M)	\$ 1,052.65	\$ 7.25	\$ 3.71	\$ 1,063.61	
Sub (Non-M)+Spouse (M)	\$ 1,052.64	\$ 7.25	\$ 3.71	\$ 1,063.60	
Sub (M)+Spouse (M)	\$ 803.24	\$ 7.25	\$ 3.71	\$ 814.20	
Sub (M)+Child (Non-M)	\$ 1,052.65	\$ 7.25	\$ 3.71	\$ 1,063.61	
Sub (M)+Children (Non-M)	\$ 1,593.00	\$ 7.25	\$ 5.25	\$ 1,605.50	
Sub (M)+Spouse (M)+Child (Non-M)	\$ 1,343.59	\$ 7.25	\$ 5.25	\$ 1,356.09	
Sub (M)+Spouse (Non-M)+Child (Non-M)	\$ 1,593.00	\$ 7.25	\$ 5.25	\$ 1,605.50	
Sub (Non-M)+Spouse (M)+Child (Non-M)	\$ 1,592.99	\$ 7.25	\$ 5.25	\$ 1,605.49	
Sub (M)+Spouse (M)+Children (Non-M)	\$ 1,343.59	\$ 7.25	\$ 5.25	\$ 1,356.09	
Sub (M)+Spouse (Non-M)+Children (Non-M)	\$ 1,593.00	\$ 7.25	\$ 5.25	\$ 1,605.50	
Sub (Non-M)+Spouse (M)+Child (Non-M)	\$ 1,592.99	\$ 7.25	\$ 5.25	\$ 1,605.49	
Unassigned Rates					
One Party >65 No Part A or B, or Part B Only	\$ 1,770.02	\$ 7.25	\$ 1.86	\$ 1,779.13	
One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage	\$ 2,171.64	\$ 7.25	\$ 3.71	\$ 2,182.60	
One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage + Child(ren) <65	\$ 2,711.99	\$ 7.25	\$ 5.25	\$ 2,724.49	
Two Party >65 No Part A or B, or Part B Only	\$ 3,540.04	\$ 7.25	\$ 3.71	\$ 3,551.00	

OPTION #3

Two Party >65 No Part A or B, or Part B Only + Child(ren) <65	\$ 4,080.39	\$ 7.25	\$ 5.25	\$ 4,092.89
One Party >65 Part A Only	\$ 1,360.37	\$ 7.25	\$ 1.86	\$ 1,369.48
One Party >65 Part A Only + One Party Senior Advantage	\$ 1,761.99	\$ 7.25	\$ 3.71	\$ 1,772.95
One Party >65 Part A Only+ One Party Senior Advantage + Child(ren) <65	\$ 2,302.34	\$ 7.25	\$ 5.25	\$ 2,314.84
Two Party >65 Part A Only	\$ 2,720.74	\$ 7.25	\$ 3.71	\$ 2,731.70
Two Party >65 Part A Only + Child(ren) <65	\$ 3,261.09	\$ 7.25	\$ 5.25	\$ 3,273.59
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	\$ 515.20	\$ 7.25	\$ 1.80	\$ 524.25
Two Party	\$ 1,030.39	\$ 7.25	\$ 3.59	\$ 1,041.23
Family	\$ 1,458.01	\$ 7.25	\$ 5.08	\$ 1,470.34
Product HMO				
Name of Plan UHC HMO (Actives & Early Retirees)				
Number of Subscribers 179				
Group Number 402750				
Tier	UHC Base Rate	EBS Fee	Chiro	Total
Single	\$ 963.05	\$ 7.25	\$ -	\$ 970.30
Two Party	\$ 1,974.10	\$ 7.25	\$ -	\$ 1,981.35
Family	\$ 2,792.69	\$ 7.25	\$ -	\$ 2,799.94
Product Vision				
Name of Plan VSP (Sherriffs)				
Number of Subscribers 73				
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 VSP (All Others)				
Number of Subscribers 979				
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