

HEALTH PLAN CONTRIBUTION RATES

For employees in Local 1, OE3 and Probation

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

Effective January 1, 2019

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Blue Shield PPO ABHP Low	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55
Employer	\$373.91	\$675.58	\$940.44	\$280.43	\$506.69	\$705.33	\$186.96	\$337.79	\$470.22
Employee	\$93.47	\$168.89	\$235.11	\$186.95	\$337.78	\$470.22	\$280.42	\$506.68	\$705.33
Blue Shield PPO Standard	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55
Employer	\$484.31	\$873.98	\$1,216.44	\$363.23	\$655.49	\$912.33	\$242.16	\$436.99	\$608.22
Employee	\$121.07	\$218.49	\$304.11	\$242.15	\$436.98	\$608.22	\$363.22	\$655.48	\$912.33
Kaiser HMO Standard	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95
Employer	\$290.92	\$575.44	\$811.96	\$218.19	\$431.58	\$608.97	\$145.46	\$287.72	\$405.98
Employee	\$72.73	\$143.86	\$202.99	\$145.46	\$287.72	\$405.98	\$218.19	\$431.58	\$608.97
Kaiser HMO ABHP	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95
Employer	\$240.52	\$473.44	\$667.96	\$180.39	\$355.08	\$500.97	\$120.26	\$236.72	\$333.98
Employee	\$60.13	\$118.36	\$166.99	\$120.26	\$236.72	\$333.98	\$180.39	\$355.08	\$500.97

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.

PLEASE SEE THE DENTAL AND VISION RATE CARD FOR THOSE RATES.

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CA (Criminal Attorney), CC (County Counsel) & MA (Manager's Association)

Effective January 1, 2019

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Blue Shield PPO ABHP Low	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55
Employer	\$303.80	\$548.91	\$764.11	\$227.85	\$411.68	\$573.08	\$151.90	\$274.46	\$382.06
Employee	\$163.58	\$295.56	\$411.44	\$239.53	\$432.79	\$602.47	\$315.48	\$570.01	\$793.49
Blue Shield PPO Standard	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55
Employer	\$393.50	\$710.11	\$988.36	\$295.13	\$532.58	\$741.27	\$196.75	\$355.06	\$494.18
Employee	\$211.88	\$382.36	\$532.19	\$310.25	\$559.89	\$779.28	\$408.63	\$737.41	\$1,026.37
Kaiser HMO Standard	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95
Employer	\$236.38	\$467.55	\$659.72	\$177.29	\$350.66	\$494.79	\$118.19	\$233.78	\$329.86
Employee	\$127.27	\$251.75	\$355.23	\$186.36	\$368.64	\$520.16	\$245.46	\$485.52	\$685.09
Kaiser HMO ABHP	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95
Employer	\$195.43	\$384.67	\$542.72	\$146.57	\$288.50	\$407.04	\$97.72	\$192.34	\$271.36
Employee	\$105.22	\$207.13	\$292.23	\$154.08	\$303.30	\$427.91	\$202.93	\$399.46	\$563.59
	<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions.</i> <i>CC -\$6,000 (\$250 24 times per year)</i> <i>CA&MA - \$6,240 (\$260 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions.</i> <i>CC -\$4,500 (\$188 24 times per year)</i> <i>CA&MA - \$4,680 (\$195 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions.</i> <i>CC -\$3,000 (\$125 24 times per year)</i> <i>CA&MA - \$3,120 (\$130 24 times per year)</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 (Deputy Sheriff's)

Effective January 1, 2019

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP Low	\$460.23	\$830.17	\$1,154.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45
Total	\$467.38	\$844.47	\$1,175.55
Employer	\$303.80	\$548.91	\$764.11
Employee	\$163.58	\$295.56	\$411.44
Blue Shield PPO Standard	\$598.23	\$1,078.17	\$1,499.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45
Total	\$605.38	\$1,092.47	\$1,520.55
Employer	\$393.50	\$710.11	\$988.36
Employee	\$211.88	\$382.36	\$532.19
Kaiser HMO Standard	\$356.50	\$705.00	\$993.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45
Total	\$363.65	\$719.30	\$1,014.95
Employer	\$236.38	\$467.55	\$659.72
Employee	\$127.27	\$251.75	\$355.23
Kaiser HMO ABHP	\$293.50	\$577.50	\$813.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45
Total	\$300.65	\$591.80	\$834.95
Employer	\$195.43	\$384.67	\$542.72
Employee	\$105.22	\$207.13	\$292.23
NOTE: Employees receive \$4,108.08 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$171.17 each)			

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO (Confidential), EL (Elected), SM (Sworn Management), UM (Unrepresented Management)
& UD (Department Heads)

Effective January 1, 2019

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Blue Shield PPO ABHP Low									
EDC Admin Fee	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10
	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55
Employer	\$317.52	\$573.93	\$799.07	\$238.14	\$430.45	\$599.30	\$158.76	\$286.97	\$399.54
Employee	\$149.86	\$270.54	\$376.48	\$229.24	\$414.02	\$576.25	\$308.62	\$557.50	\$776.01
Blue Shield PPO Standard									
EDC Admin Fee	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10
	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55
Employer	\$414.92	\$748.96	\$1,042.57	\$311.19	\$561.72	\$781.93	\$207.46	\$374.48	\$521.29
Employee	\$190.46	\$343.51	\$477.98	\$294.19	\$530.75	\$738.62	\$397.92	\$717.99	\$999.26
Kaiser HMO Standard									
EDC Admin Fee	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50
	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95
Employer	\$253.07	\$498.13	\$701.51	\$189.80	\$373.60	\$526.13	\$126.54	\$249.07	\$350.76
Employee	\$110.58	\$221.17	\$313.44	\$173.85	\$345.70	\$488.82	\$237.11	\$470.23	\$664.19
Kaiser HMO ABHP									
EDC Admin Fee	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50
	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95
Employer	\$209.11	\$408.71	\$575.40	\$156.83	\$306.53	\$431.55	\$104.56	\$204.36	\$287.70
Employee	\$91.54	\$183.09	\$259.55	\$143.82	\$285.27	\$403.40	\$196.09	\$387.44	\$547.25
	<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. SM-\$6,000 (\$250 24 times per year) CO, EL, UM & UD - \$6,240 (\$260 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. SM-\$4,500 (\$188 24 times per year) CO, EL, UM & UD - \$4,680 (\$195 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. SM-\$3,000 (\$125 24 times per year) CO, EL, UM & UD - \$3,120 (\$130 24 times per year)</i>		

**THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.
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ACA COMPLIANT PLAN*

Effective January 1, 2019

Contributions are deducted over 24 pay periods

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP High	\$414.73	\$749.17	\$1,041.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45
Total	\$421.88	\$763.47	\$1,062.55
Employer	\$375.41	\$375.41	\$375.41
Employee	\$46.47	\$388.06	\$687.14

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS. PLEASE SEE THE DENTAL AND VISION RATE CARD FOR THOSE RATES.

**THIS IS A COUNTY-SPONSORED HEALTH PLAN THAT MEETS BOTH THE MINIMUM ESSENTIAL COVERAGE (MEC) AND AFFORDABILITY REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA)*

DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2019

Contributions are deducted over 24 pay periods

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

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	For employees in Local 1, OE3 and Probation			For employees in Local 1, OE3 and Probation			For employees in Local 1, OE3 and Probation		
	<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>
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85
VSP CHOICE	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01
Total	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86
Employer	\$23.21	\$42.07	\$59.09	\$17.41	\$31.55	\$44.32	\$11.61	\$21.04	\$29.55
Employee	\$5.80	\$10.51	\$14.77	\$11.60	\$21.03	\$29.54	\$17.40	\$31.54	\$44.31

	For employees in bargaining units CA, CC & MA			For employees in bargaining units CA, CC & MA			For employees in bargaining units CA, CC & MA		
	<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>
	DELTA DENTAL PPO+PREMIER	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85
VSP CHOICE	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01
Total	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86
Employer	\$18.86	\$34.18	\$48.01	\$14.15	\$25.64	\$36.01	\$9.43	\$17.09	\$24.01
Employee	\$10.15	\$18.40	\$25.85	\$14.86	\$26.94	\$37.85	\$19.58	\$35.49	\$49.85
	<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. CC -\$6,000 (\$250 24 times per year) CA&MA - \$6,240 (\$260 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. CC -\$4,500 (\$188 24 times per year) CA&MA - \$4,680 (\$195 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. CC -\$3,000 (\$125 24 times per year) CA&MA - \$3,120 (\$130 24 times per year)</i>		

	For employees in bargaining unit SA		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
	DELTA DENTAL PPO+PREMIER	\$27.14	\$48.85
VSP CHOICE	\$1.87	\$3.73	\$6.01
Total	\$29.01	\$52.58	\$73.86
Employer	\$18.86	\$34.18	\$48.01
Employee	\$10.15	\$18.40	\$25.85
	<i>NOTE: Employees receive \$4,108.08 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$171.17 each)</i>		

	For employees in bargaining units CO, EL, SM, UM & UD			For employees in bargaining units CO, EL, SM, UM & UD			For employees in bargaining units CO, EL, SM, UM & UD		
	<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>
	DELTA DENTAL PPO+PREMIER	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85
VSP CHOICE	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01
Total	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86
Employer	\$18.59	\$33.63	\$47.14	\$13.94	\$25.22	\$35.36	\$9.30	\$16.82	\$23.57
Employee	\$10.42	\$18.95	\$26.72	\$15.07	\$27.36	\$38.50	\$19.71	\$35.76	\$50.29
	<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. SM -\$6,000 (\$250 24 times per year) CO, EL, UM & UD - \$6,240 (\$260 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. SM -\$4,500 (\$188 24 times per year) CO, EL, UM & UD - \$4,680 (\$195 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. SM -\$3,000 (\$125 24 times per year) CO, EL, UM & UD - \$3,120 (\$130 24 times per year)</i>		

HEALTH PLAN CONTRIBUTION RATES RETIREES

Effective January 1, 2019 - December 31, 2019

Monthly Rates and Contributions

EARLY RETIREES (PRE 65 NO MEDICARE)			
	<u>RETIREE ONLY</u>	<u>RETIREE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP High	\$829.47	\$1,498.34	\$2,082.20
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
Total	\$847.51	\$1,534.41	\$2,137.13
	<u>RETIREE ONLY</u>	<u>RETIREE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP Low	\$920.47	\$1,660.34	\$2,308.20
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
Total	\$938.51	\$1,696.41	\$2,363.13
	<u>RETIREE ONLY</u>	<u>RETIREE+1</u>	<u>FAMILY</u>
Blue Shield PPO Standard	\$1,196.47	\$2,156.34	\$2,998.20
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
Total	\$1,214.51	\$2,192.41	\$3,053.13
	<u>RETIREE ONLY</u>	<u>RETIREE+1</u>	<u>FAMILY</u>
Kaiser HMO Standard	\$713.00	\$1,410.00	\$1,987.00
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
Total	\$731.04	\$1,446.07	\$2,041.93
	<u>RETIREE ONLY</u>	<u>RETIREE+1</u>	<u>FAMILY</u>
Kaiser HMO ABHP	\$587.00	\$1,155.00	\$1,627.00
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
Total	\$605.04	\$1,191.07	\$1,681.93

RETIREE HEALTH CONTRIBUTION (RHC)			
<u>YEARS OF SERVICE</u>	<u>LEVEL</u>	<u>PRE 65</u>	<u>65+</u>
12 THRU 14	LEVEL 1	\$329.52	\$134.80
15 THRU 19	LEVEL 2	\$499.28	\$204.25
20 +	LEVEL 3	\$669.03	\$273.69
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$998.55	\$408.49

*The 4-Year option is only available to Local 1 members with 20+ years of service and must have been elected at the time of retirement.

MEDICARE RETIREES (ENROLLED IN PARTS A&B)			
	<u>1 IN A&B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&B</u>
UHC Advantage PPO	\$446.72	-	\$893.44
EDC Admin Fee	\$14.30	-	\$28.60
EBS Fee (for non CSAC-EIA plan)	\$6.75	-	\$6.75
Total	\$467.77	\$0.00	\$928.79
	<u>1 IN A&B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&B</u>
Kaiser Senior Advantage (KSA)	\$445.00	\$1,158.00	\$873.00
EDC Admin Fee	\$14.30	\$28.60	\$28.60
Total	\$459.30	\$1,186.60	\$901.60

KSA includes a vision component through Kaiser

OPTIONAL DENTAL COVERAGE*			
	<u>RETIREE ONLY</u>	<u>RETIREE+1</u>	<u>FAMILY</u>
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71

*Retirees have the option of purchasing Delta Dental at the time of initial enrollment only. If dropped, it cannot be reinstated.

OPTIONAL VSP COVERAGE FOR MEDICARE RETIREES*			
	<u>1 IN A&B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&B</u>
VSP Choice	\$3.74	\$7.47	\$7.47

*Medicare Retirees have the option of purchasing VSP at the time of initial enrollment only. If dropped, it cannot be reinstated.

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 Human Resources for rates.

There is not a "1-in-1-out" option for Blue Shield participants transitioning to Medicare. When an enrollee on a Blue Shield plan with two or more enrollees goes on Medicare, the Medicare eligible enrollee will transition to the UHC Advantage plan. The rate is then calculated by taking the Blue Shield Retiree Only rate and adding it to the UHC Advantage PPO Retiree Only rate and then applying any other rates that coincide with other elected plans/benefits.

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2019			
WITH NO RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP High	\$829.47	\$1,498.34	\$2,082.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
Total	\$901.79	\$1,632.12	\$2,272.84
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP Low	\$920.47	\$1,660.34	\$2,308.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
Total	\$992.79	\$1,794.12	\$2,498.84
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO Standard	\$1,196.47	\$2,156.34	\$2,998.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
Total	\$1,268.79	\$2,290.12	\$3,188.84
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO Standard	\$713.00	\$1,410.00	\$1,987.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
Total	\$785.32	\$1,543.78	\$2,177.64
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO ABHP	\$587.00	\$1,155.00	\$1,627.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
Total	\$659.32	\$1,288.78	\$1,817.64

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2019			
WITH RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP High	\$829.47	\$1,498.34	\$2,082.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
2% Fee for retiree coverage	\$18.04	\$32.64	\$45.46
Total	\$919.83	\$1,664.76	\$2,318.30
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP Low	\$920.47	\$1,660.34	\$2,308.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
2% Fee for retiree coverage	\$19.86	\$35.88	\$49.98
Total	\$1,012.65	\$1,830.00	\$2,548.82
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO Standard	\$1,196.47	\$2,156.34	\$2,998.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
2% Fee for retiree coverage	\$25.38	\$45.80	\$63.78
Total	\$1,294.17	\$2,335.92	\$3,252.62
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO Standard	\$713.00	\$1,410.00	\$1,987.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
2% Fee for retiree coverage	\$15.71	\$30.88	\$43.55
Total	\$801.03	\$1,574.66	\$2,221.19
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO ABHP	\$587.00	\$1,155.00	\$1,627.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
2% Fee for retiree coverage	\$13.19	\$25.78	\$36.35
Total	\$672.51	\$1,314.56	\$1,853.99

HEALTH PLAN CONTRIBUTION RATES

COBRA

Effective January 1, 2019

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP High	\$829.47	\$1,498.34	\$2,082.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
2% COBRA Admin Fee	\$18.04	\$32.64	\$45.46
Total	\$919.83	\$1,664.76	\$2,318.30

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP Low	\$920.47	\$1,660.34	\$2,308.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
2% COBRA Admin Fee	\$19.86	\$35.88	\$49.98
Total	\$1,012.65	\$1,830.00	\$2,548.82

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO Standard	\$1,196.47	\$2,156.34	\$2,998.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
2% COBRA Admin Fee	\$25.38	\$45.80	\$63.78
Total	\$1,294.17	\$2,335.92	\$3,252.62

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO Standard	\$713.00	\$1,410.00	\$1,987.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
2% COBRA Admin Fee	\$15.71	\$30.88	\$43.55
Total	\$801.03	\$1,574.66	\$2,221.19

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO ABHP	\$587.00	\$1,155.00	\$1,627.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
2% COBRA Admin Fee	\$13.19	\$25.78	\$36.35
Total	\$672.51	\$1,314.56	\$1,853.99

Employee Assistance Program (EAP)

\$5.27 regardless of number enrolled