For employees in bargaining units

GE (General), PL (Professional), SU (Supervisory), TC (Trades and Crafts), PR (Probation), CR (Corrections)

Effective January 1, 2023

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)			
Blue Shield PPO Standard (\$200) EDC Admin Fee	\$655.00 \$7.61	<u>EE+1</u> \$1,180.00 \$15.23	FAMILY \$1,640.50 \$22.84	\$655.00 \$7.61	<u>EE+1</u> \$1,180.00 \$15.23	FAMILY \$1,640.50 \$22.84	\$655.00 \$7.61	<u>EE+1</u> \$1,180.00 \$15.23	FAMILY \$1,640.50 \$22.84	
Total Employer <mark>Employee</mark>	\$662.61 \$530.09 \$132.52	\$1,195.23 \$956.19 \$239.04	\$1,663.34 \$1,330.68 \$332.66	\$662.61 \$397.57 \$265.04	\$1,195.23 \$717.14 \$478.09	\$1,663.34 \$998.01 \$665.33	\$662.61 \$265.05 \$397.56	\$1,195.23 \$478.10 \$717.13	\$1,663.34 \$665.34 \$998.00	
Blue Shield PPO ABHP Low (\$1500) EDC Admin Fee	EE ONLY \$502.50 \$7.61	<u>EE+1</u> \$906.00 \$15.23	FAMILY \$1,259.00 \$22.84	EE ONLY \$502.50 \$7.61	<u>EE+1</u> \$906.00 \$15.23	FAMILY \$1,259.00 \$22.84	\$502.50 \$7.61	<u>EE+1</u> \$906.00 \$15.23	FAMILY \$1,259.00 \$22.84	
Total Employer <mark>Employee</mark>	\$510.11 \$408.09 \$102.02	\$921.23 \$736.99 \$184.24	\$1,281.84 \$1,025.48 \$256.36	\$510.11 \$306.07 \$204.04	\$921.23 \$552.74 \$368.49	\$1,281.84 \$769.11 \$512.73	\$510.11 \$204.05 \$306.06	\$921.23 \$368.50 \$552.73	\$1,281.84 \$512.74 \$769.10	
Kaiser HMO Standard EDC Admin Fee	EE ONLY \$439.50 \$7.61	<u>EE+1</u> \$870.00 \$15.23	FAMILY \$1,225.50 \$22.84	EE ONLY \$439.50 \$7.61	<u>EE+1</u> \$870.00 \$15.23	FAMILY \$1,225.50 \$22.84	EE ONLY \$439.50 \$7.61	<u>EE+1</u> \$870.00 \$15.23	FAMILY \$1,225.50 \$22.84	
Total Employer <mark>Employee</mark>	\$447.11 \$357.69 \$89.42	\$885.23 \$708.19 \$177.04	\$1,248.34 \$998.68 \$249.66	\$447.11 \$268.27 \$178.84	\$885.23 \$531.14 \$354.09	\$1,248.34 \$749.01 \$499.33	\$447.11 \$178.85 \$268.26	\$885.23 \$354.10 \$531.13	\$1,248.34 \$499.34 \$749.00	
Kaiser HMO ABHP (\$1400) EDC Admin Fee	EE ONLY \$362.50 \$7.61	<u>EE+1</u> \$712.50 \$15.23	FAMILY \$1,003.00 \$22.84	EE ONLY \$362.50 \$7.61	<u>EE+1</u> \$712.50 \$15.23	FAMILY \$1,003.00 \$22.84	\$362.50 \$7.61	<u>EE+1</u> \$712.50 \$15.23	FAMILY \$1,003.00 \$22.84	
Total Employer <mark>Employee</mark>	\$370.11 \$296.09 \$74.02	\$727.73 \$582.19 \$145.54	\$1,025.84 \$820.68 \$205.16	\$370.11 \$222.07 \$148.04	\$727.73 \$436.64 \$291.09	\$1,025.84 \$615.51 \$410.33	\$370.11 \$148.05 \$222.06	\$727.73 \$291.10 \$436.63	\$1,025.84 \$410.34 \$615.50	

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.

For employees in bargaining units

BD (Board of Supervisors), CA (Criminal Attorney), MA (Management), SM (Law Enforcement Sworn Management) Effective January 1, 2023

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS			PART TIME 40 - 63 HOURS (PER			PART TIME 32 - 39 HOURS (PER		
	(PEF	R PAY PERIO	D)	P	AY PERIOD)		P.	AY PERIOD)	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO Standard (\$200)	\$655.00	\$1,180.00	\$1,640.50	\$655.00	\$1,180.00	\$1,640.50	\$655.00	\$1,180.00	\$1,640.50
EDC Admin Fee	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84
Total	\$662.61	\$1,195.23	\$1,663.34	\$662.61	\$1,195.23	\$1,663.34	\$662.61	\$1,195.23	\$1,663.34
Employer	\$430.70	\$776.90	\$1,003.34	\$323.03	\$582.68	\$810.89	\$215.35	\$388.45	\$540.59
Employee Employee	\$231.91	\$418.33	\$582.16	\$339.58	\$612.55	\$852.45	\$447.26	\$806.78	\$1,122.75
						-			
DI - Chialanno Anun I - (64500)	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY
Blue Shield PPO ABHP Low (\$1500)	\$502.50	\$906.00	\$1,259.00	\$502.50	\$906.00	\$1,259.00	\$502.50	\$906.00	\$1,259.00
EDC Admin Fee	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84
Total	\$510.11	\$921.23	\$1,281.84	\$510.11	\$921.23	\$1,281.84	\$510.11	\$921.23	\$1,281.84
Employer	\$331.58	\$598.80	\$833.20	\$248.69	\$449.10	\$624.90	\$165.79	\$299.40	\$416.60
Employee	\$178.53	\$322.43	\$448.64	\$261.42	\$472.13	\$656.94	\$344.32	\$621.83	\$865.24
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO Standard	\$439.50	\$870.00	\$1,225.50	\$439.50	\$870.00	\$1,225.50	\$439.50	\$870.00	\$1,225.50
EDC Admin Fee	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84
Total	\$447.11	\$885.23	\$1,248.34	\$447.11	\$885.23	\$1,248.34	\$447.11	\$885.23	\$1,248.34
Employer	\$290.63	\$575.40	\$811.43	\$217.97	\$431.55	\$608.57	\$145.32	\$287.70	\$405.72
Employee	\$156.48	\$309.83	\$436.91	\$229.14	\$453.68	\$639.77	\$301.79	\$597.53	\$842.62
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Kaiser HMO ABHP (\$1500)	\$362.50	\$712.50	\$1,003.00	\$362.50	\$712.50	\$1,003.00	\$362.50	\$712.50	\$1,003.00
EDC Admin Fee	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84
Total	\$370.11	\$727.73	\$1,025.84	\$370.11	\$727.73	\$1,025.84	\$370.11	\$727.73	\$1,025.84
Employer	\$240.58	\$473.03	\$666.80	\$180.44	\$354.77	\$500.10	\$120.29	\$236.52	\$333.40
Employee	\$129.53	\$254.70	\$359.04	\$189.67	\$372.96	\$525.74	\$249.82	\$491.21	\$692.44
	NOTE: Employee	es in these bargo	nining units	NOTE: Employees in these bargaining units			NOTE: Employees in these bargaining units		
	receive Optional	Benefit credits	which can be	receive Optional	reive Optional Benefit credits which can be			Benefit credits	which can be
	used to offset en			used to offset er	. ,		used to offset en		
	BD: \$6,000 (\$25			BD: \$6,000 (\$25			BD: \$6,000 (\$25)		-
	CA, MA, & SM: \$	56,240 (\$260 for	24 pay	CA, MA, & SM: \$	54,680 (\$195 foi	⁻ 24 pay	CA, MA, & SM: \$	3,120 (\$130 for	⁻ 24 pay
	periods)			periods)			periods)		

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.

For employees in bargaining unit

SA (Law Enforcement)

Effective January 1, 2023

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>			
Blue Shield PPO Standard (\$200)	\$655.00	\$1,180.00	\$1,640.50			
EDC Admin Fee	\$7.61	\$15.23	\$22.84			
Total	\$662.61	\$1,195.23	\$1,663.34			
Employer	\$430.70	\$776.90	\$1,081.18			
Employee	\$231.91	\$418.33	\$582.16			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>			
Blue Shield PPO ABHP Low (\$1500)	\$502.50	\$906.00	\$1,259.00			
EDC Admin Fee	\$7.61	\$15.23	\$22.84			
Total	\$510.11	\$921.23	\$1,281.84			
Employer	\$331.58	\$598.80	\$833.20			
Employee	\$178.53	\$322.43	\$448.64			
	EE ONLY	EE+1	FAMILY			
Kaiser HMO Standard	\$439.50	\$870.00	\$1,225.50			
EDC Admin Fee	\$7.61	\$15.23	\$22.84			
Total	\$447.11	\$885.23	\$1,248.34			
Employer	\$290.63	\$575.40	\$811.43			
Employee	\$156.48	\$309.83	\$436.91			
	EE ONLY	EE+1	FAMILY			
Kaiser HMO ABHP (\$1500)	\$362.50	\$712.50	\$1,003.00			
EDC Admin Fee	\$7.61	\$15.23	\$22.84			
Total	\$370.11	\$727.73	\$1,025.84			
Employer	\$240.58	\$473.03	\$666.80			
Employee	\$129.53	\$254.70	\$359.04			
	NOTE: Employees receive \$4,108 over					
	24 pay periods in Optional Benefit					
	credits, which can be used to offset employee contributions. (24 pay					
		•	24 pay			
	periods at \$171.17 each)					

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

For employees in bargaining units

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

Effective January 1, 2023

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS		PART TIME 40 - 63 HOURS			PART TIME 32 - 39 HOURS				
	(PE	R PAY PER	IOD)	(PE	(PER PAY PERIOD)			(PER PAY PERIOD)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	
Blue Shield PPO Standard (\$200)	\$655.00	\$1,180.00	\$1,640.50	\$655.00	\$1,180.00	\$1,640.50	\$655.00	\$1,180.00	\$1,640.50	
EDC Admin Fee	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	
		4	4	4	4	4		4	4	
Total	\$662.61	\$1,195.23	\$1,663.34	\$662.61	\$1,195.23	\$1,663.34	\$662.61	\$1,195.23	\$1,663.34	
Employer	\$468.54	\$845.54	\$1,177.45	\$351.41	\$634.16	\$883.09	\$234.27	\$422.77	\$588.73	
Employee	\$194.07	\$349.69	\$485.89	\$311.20	\$561.07	\$780.25	\$428.34	\$772.46	\$1,074.61	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Blue Shield PPO ABHP Low (\$1500)	\$502.50	\$906.00	\$1,259.00	\$502.50	\$906.00	\$1,259.00	\$502.50	\$906.00	\$1,259.00	
EDC Admin Fee	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	
Total	\$510.11	\$921.23	\$1,281.84	\$510.11	\$921.23	\$1,281.84	\$510.11	\$921.23	\$1,281.84	
Employer	\$358.80	\$647.86	\$901.97	\$269.10	\$485.90	\$676.48	\$179.40	\$323.93	\$450.99	
Employee	\$151.31	\$273.37	\$379.87	\$241.01	\$435.33	\$605.36	\$330.71	\$597.30	\$830.85	
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Kaiser HMO Standard	\$439.50	\$870.00	\$1,225.50	\$439.50	\$870.00	\$1,225.50	\$439.50	\$870.00	\$1,225.50	
EDC Admin Fee	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	
Total	\$447.11	\$885.23	\$1,248.34	\$447.11	\$885.23	\$1,248.34	\$447.11	\$885.23	\$1,248.34	
Employer	\$335.78	\$661.80	\$932.28	\$251.84	\$496.35	\$699.21	\$167.89	\$330.90	\$466.14	
Employee	\$111.33	\$223.43	\$316.06	\$195.27	\$388.88	\$549.13	\$279.22	\$554.33	\$782.20	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Kaiser HMO ABHP (\$1500)	\$362.50	\$712.50	\$1,003.00	\$362.50	\$712.50	\$1,003.00	\$362.50	\$712.50	\$1,003.00	
EDC Admin Fee	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	\$7.61	\$15.23	\$22.84	
Total	\$370.11	\$727.73	\$1,025.84	\$370.11	\$727.73	\$1,025.84	\$370.11	\$727.73	\$1,025.84	
Employer	\$278.57	\$544.64	\$766.29	\$208.93	\$408.48	\$574.72	\$139.29	\$272.32	\$383.15	
Employee	\$91.54	\$183.09	\$259.55	\$161.18	\$319.25	\$451.12	\$230.82	\$455.41	\$642.69	
		loyees receive		NOTE: Employees receive \$4,680 over				loyees receive	-	
		ods in Optiona			ods in Optiona	,		ods in Optiona	-	
	•	ch can be used		credits, which can be used to offset employee contributions. (24 pay						
		ontributions. ((24 pay			(24 pay			(24 pay	
	periods at \$260 each) periods at \$195 each) periods at \$130 each)			periods at \$195 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.

ACA COMPLIANT PLAN*

Effective January 1, 2023

Contributions are deducted over 24 pay periods

	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP High (\$2000)	\$452.00	\$816.00	\$1,133.00
EDC Admin Fee	\$7.61	\$15.23	\$22.84
Total	\$459.61	\$831.23	\$1,155.84
Employer	\$417.41	\$417.41	\$417.41
Employee	\$42.20	\$413.82	\$738.43

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, 2023

Contributions are deducted over 24 pay periods

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

PART TIME 40 - 63 HOURS

(PER PAY PERIOD)

FULL TIME 64+ HOURS (PER

PAY PERIOD)

	PAY PERIOD)		(PER PAY PERIOD)		(PER PAY PERIOD)					
	For emplo	yees in GE	, PL, SU,	For employees in GE, PL, SU,			For employees in GE, PL, SU,			
	Tr	C, PR & CR		TC, PR & CR			TC, PR & CR			
	EE ONLY	EE+1	<u>FAMILY</u>	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	
DELTA DENTAL PPO+PREMIER	\$24.88	\$44.79	\$62.21	\$24.88	\$44.79	\$62.21	\$24.88	\$44.79	\$62.21	
			-				· ·	•		
VSP CHOICE	\$2.27	\$4.55	\$7.32	\$2.27	\$4.55	\$7.32	\$2.27	\$4.55	\$7.32	
L	407.45	4.00.	460 =0	407.45	4.00.	460 50	407.45	4.00.	460 =0	
Total	\$27.15	\$49.34	\$69.53	\$27.15	\$49.34	\$69.53	\$27.15	\$49.34	\$69.53	
Employer	\$21.72	\$39.48	\$55.63	\$16.29	\$29.61	\$41.72	\$10.86	\$19.74	\$27.82	
Employee	\$5.43	\$9.86	\$13.90	\$10.86	\$19.73	\$27.81	\$16.29	\$29.60	\$41.71	
	For emplo	voos in ha	razinina							
	Tor emplo		i gairiirig							
		unit SA								
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>							
DELTA DENTAL PPO+PREMIER	\$24.88	\$44.79	\$62.21							
VSP CHOICE	\$1.92	\$3.85	\$6.20							
Total	\$26.80	\$48.64	\$68.41							
Employer	\$17.42	\$31.62	\$44.47							
Employee	\$9.38	\$17.02	\$23.94							
	NOTE: Employee	•	·							
	pay periods in O									
	which can be use	-								
	contributions. (2									
	each)									
							I Fan annul			
	For emplo	-	rgaining	For employees in bargaining			For employees in bargaining			
		units			units			units		
	CO, I	EL, UM & (JD	CO, EL, UM & UD			CO, EL, UM & UD			
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	
DELTA DENTAL PPO+PREMIER	\$24.88	\$44.79	\$62.21	\$24.88	\$44.79	\$62.21	\$24.88	\$44.79	\$62.21	
VSP CHOICE	\$2.27	\$4.55	\$7.32	\$2.27	\$4.55	\$7.32	\$2.27	\$4.55	\$7.32	
	,	,	,	,	,	, -	,	,	, -	
Total	\$27.15	\$49.34	\$69.53	\$27.15	\$49.34	\$69.53	\$27.15	\$49.34	\$69.53	
Employer	\$16.73	\$30.39	\$42.81	\$12.55	\$22.79	\$32.11	\$8.37	\$15.20	\$21.41	
Employee	\$10.42	\$18.95	\$26.72	\$14.60	\$26.55	\$37.42	\$18.78	\$34.14	\$48.12	
	NOTE: Employee		-	NOTE: Employee	-	-	NOTE: Employee		-	
	pay periods in O			pay periods in O						
	which can be use	_		which can be us			pay periods in Optional Benefit credits, which can be used to offset employee			
	contributions. (2			contributions. (contributions. (2		-	
	each)			each)			each)			
	Eon operal -	voos in h-	raninin-	For order	wood in h-	rasinina	For order	wood in h-	raninin-	
	For emplo	•	_	•	yees in ba			yees in ba	_	
		D, CA, MA			D, CA, MA			D, CA, MA		
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
DELTA DENTAL PPO+PREMIER	\$24.88	\$44.79	\$62.21	\$24.88	\$44.79	\$62.21	\$24.88	\$44.79	\$62.21	
VSP CHOICE	\$2.27	\$4.55	\$7.32	\$2.27	\$4.55	\$7.32	\$2.27	\$4.55	\$7.32	
Total	\$27.15	\$49.34	\$69.53	\$27.15	\$49.34	\$69.53	\$27.15	\$49.34	\$69.53	
Employer	\$17.65	\$32.08	\$45.20	\$13.24	\$24.06	\$33.90	\$8.83	\$16.04	\$22.60	
Employee	\$9.50	\$17.26	\$24.33	\$13.91	\$25.28	\$35.63	\$18.32	\$33.30	\$46.93	
	NOTE: Employee	_	_	NOTE: Employee	_	_	NOTE: Employee			
	receive Optional	=		receive Optional be used to offse	-		receive Optional be used to offset	-		
	be used to offset BD: \$6,000 (24 p						BD: \$6,000 (24 p			
	CA, MA, SM: \$6,2			BD: \$6,000 (24 pay periods at \$250) CA, MA, SM: \$4,680 (24 pay periods at			CA, MA, SM: \$3,			
	\$260)	- ()		\$195)	(= - 50) 60		\$130)	- 1 7 7 6		
							<u> </u>			
								1240 A 6 o		

PART TIME 32 - 39 HOURS (PER PAY PERIOD)

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2023

	WITH NO RETIREE COVERAGE							
	EE ONLY	<u>EE+1</u>	FAMILY					
Blue Shield PPO \$2000 ABHP	\$904.00	\$1,632.00	\$2,266.00					
Delta Dental PPO+Premier	\$49.77	\$89.59	\$124.43					
VSP Choice	\$4.56	\$9.11	\$14.66					
EDC Admin Fee	\$15.23	\$30.46	\$45.69					
Total	\$973.56	\$1,761.15	\$2,450.78					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>					
Blue Shield PPO \$1500 ABHP	\$1,005.00							
Delta Dental PPO+Premier	\$49.77	\$89.59	="					
VSP Choice	\$4.56	=	\$14.66					
EDC Admin Fee	\$15.23	\$30.46	\$45.69					
Total	\$1,074.56	\$1,941.15	\$2,702.78					
	EE ONLY	FF . 4	E A B 411 \/					
Dhua Chiald DDO 6300	EE ONLY		FAMILY					
Blue Shield PPO \$200	\$1,310.00							
Delta Dental PPO+Premier VSP Choice	\$49.77	\$89.59						
EDC Admin Fee	\$4.56 \$15.23	-	\$14.66					
EDC Admin Fee	\$15.25	\$30.46	\$45.69					
Total	\$1,379.56	\$2,489.15	\$3,465.78					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>					
Kaiser HMO	\$879.00	\$1,740.00	\$2,451.00					
Delta Dental PPO+Premier	\$49.77	\$89.59	· ·					
VSP Choice	\$4.56	\$9.11	\$14.66					
EDC Admin Fee	\$15.23	\$30.46	\$45.69					
Total	\$948.56	\$1,869.15	\$2,635.78					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>					
Kaiser HMO \$1500 ABHP	\$725.00							
Delta Dental PPO+Premier	\$49.77	\$89.59	· ·					
VSP Choice	\$4.56	\$9.11	\$14.66					
EDC Admin Fee	\$15.23	\$30.46	\$45.69					
Total	\$794.56	\$1,554.15	\$2,190.78					

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2023

WITH RETIREE COVERAGE								
	EE ONLY	EE+1	<u>FAMILY</u>					
Blue Shield PPO \$2000 ABHP	\$904.00							
Delta Dental PPO+Premier	\$49.77	\$89.59	\$124.43					
VSP Choice	\$4.56	\$9.11	\$14.66					
EDC Admin Fee	\$15.23	\$30.46	\$45.69					
2% Fee for retiree coverage	\$19.47	\$35.22	\$49.02					
Total	\$993.03	\$1,796.38	\$2,499.79					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>					
Blue Shield PPO \$1500 ABHP	\$1,005.00	\$1,812.00						
Delta Dental PPO+Premier	\$49.77	\$89.59	=					
VSP Choice	\$4.56		•					
EDC Admin Fee	\$15.23	· ·	· ·					
2% Fee for retiree coverage	\$21.49	\$38.82	\$54.06					
Total	\$1,096.05	\$1,979.98	\$2,756.83					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>					
Blue Shield PPO \$200	\$1,310.00	\$2,360.00						
Delta Dental PPO+Premier	\$49.77	\$89.59						
VSP Choice	\$4.56	\$9.11	\$14.66					
EDC Admin Fee	\$15.23	\$30.46	\$45.69					
2% Fee for retiree coverage	\$27.59	\$49.78	\$69.32					
Total	\$1,407.15	\$2,538.94	\$3,535.09					
	<u> </u>	<u>. </u>	<u> </u>					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>					
Kaiser HMO	\$879.00	\$1,740.00	\$2,451.00					
Delta Dental PPO+Premier	\$49.77	\$89.59	\$124.43					
VSP Choice	\$4.56	\$9.11	\$14.66					
EDC Admin Fee	\$15.23	\$30.46	\$45.69					
2% Fee for retiree coverage	\$18.97	\$37.38	\$52.72					
Total	\$967.53	\$1,906.54	\$2,688.49					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>					
Kaiser HMO \$1500 ABHP	\$725.00	\$1,425.00	\$2,006.00					
Delta Dental PPO+Premier	\$49.77	\$89.59	\$124.43					
VSP Choice	\$4.56		\$14.66					
EDC Admin Fee	\$15.23	\$30.46	\$45.69					
2% Fee for retiree coverage	\$15.89	\$31.08	\$43.82					
Total	\$810.45	\$1,585.24	\$2,234.59					

HEALTH PLAN CONTRIBUTION RATES								
COBRA								
Effective January 1, 2023								
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>					
Blue Shield PPO \$2000 ABHP	\$904.00	\$1,632.00	\$2,266.00					
Delta Dental PPO+Premier	\$49.77	\$89.59	\$124.43					
VSP Choice	\$4.56	\$9.11	\$14.66					
EDC Admin Fee	\$15.23	\$30.46	\$45.69					
2% COBRA Admin Fee	\$19.47	\$35.22	\$49.02					
Total	\$993.03	\$1,796.38	\$2,499.79					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>					
Blue Shield PPO \$1500 ABHP	\$1,005.00	\$1,812.00	-					
Delta Dental PPO+Premier	\$49.77	\$89.59	\$124.43					
VSP Choice	\$4.56	\$9.11	\$14.66					
EDC Admin Fee	\$15.23	\$30.46	\$45.69					
2% COBRA Admin Fee	\$21.49	\$38.82	\$54.06					
Total	\$1,096.05	\$1,979.98	\$2,756.83					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>					
Blue Shield PPO \$200	\$1,310.00	\$2,360.00	\$3,281.00					
Delta Dental PPO+Premier	\$49.77	\$89.59	\$124.43					
VSP Choice	\$4.56	\$9.11	\$14.66					
EDC Admin Fee	\$15.23	\$30.46	\$45.69					
2% COBRA Admin Fee	\$27.59	\$49.78	\$69.32					
Total	\$1,407.15	\$2,538.94	\$3,535.09					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>					
Kaiser HMO	\$879.00	\$1,740.00	\$2,451.00					
Delta Dental PPO+Premier	\$49.77	\$89.59	\$124.43					
VSP Choice	\$4.56	\$9.11	\$14.66					
EDC Admin Fee	\$15.23	\$30.46	\$45.69					
2% COBRA Admin Fee	\$18.97	\$37.38	\$52.72					
Total	\$967.53	\$1,906.54	\$2,688.49					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>					
Kaiser HMO \$1500 ABHP	\$725.00	\$1,425.00	\$2,006.00					
Delta Dental PPO+Premier	\$49.77	\$89.59	\$124.43					
VSP Choice	\$4.56	\$9.11	\$14.66					
EDC Admin Fee	\$15.23	\$30.46	\$45.69					
2% COBRA Admin Fee	\$15.89	\$31.08	\$43.82					
Total	\$810.45	\$1,585.24	\$2,234.59					

Employee Assistance Program (EAP) \$5.17 regardless of number enrolled