

# 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, 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)		
	<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>	\$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	\$530.09	\$956.19	\$1,330.68	\$397.57	\$717.14	\$998.01	\$265.05	\$478.10	\$665.34
<b>Employee</b>	<b>\$132.52</b>	<b>\$239.04</b>	<b>\$332.66</b>	<b>\$265.04</b>	<b>\$478.09</b>	<b>\$665.33</b>	<b>\$397.56</b>	<b>\$717.13</b>	<b>\$998.00</b>
<b>Blue Shield PPO ABHP Low (\$1500)</b>	\$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	\$408.09	\$736.99	\$1,025.48	\$306.07	\$552.74	\$769.11	\$204.05	\$368.50	\$512.74
<b>Employee</b>	<b>\$102.02</b>	<b>\$184.24</b>	<b>\$256.36</b>	<b>\$204.04</b>	<b>\$368.49</b>	<b>\$512.73</b>	<b>\$306.06</b>	<b>\$552.73</b>	<b>\$769.10</b>
<b>Kaiser HMO Standard</b>	\$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	\$357.69	\$708.19	\$998.68	\$268.27	\$531.14	\$749.01	\$178.85	\$354.10	\$499.34
<b>Employee</b>	<b>\$89.42</b>	<b>\$177.04</b>	<b>\$249.66</b>	<b>\$178.84</b>	<b>\$354.09</b>	<b>\$499.33</b>	<b>\$268.26</b>	<b>\$531.13</b>	<b>\$749.00</b>
<b>Kaiser HMO ABHP (\$1400)</b>	\$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	\$296.09	\$582.19	\$820.68	\$222.07	\$436.64	\$615.51	\$148.05	\$291.10	\$410.34
<b>Employee</b>	<b>\$74.02</b>	<b>\$145.54</b>	<b>\$205.16</b>	<b>\$148.04</b>	<b>\$291.09</b>	<b>\$410.33</b>	<b>\$222.06</b>	<b>\$436.63</b>	<b>\$615.50</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, 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)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
<b>Blue Shield PPO Standard (\$200)</b>	\$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	\$1,081.18	\$323.03	\$582.68	\$810.89	\$215.35	\$388.45	\$540.59
<b>Employee</b>	<b>\$231.91</b>	<b>\$418.33</b>	<b>\$582.16</b>	<b>\$339.58</b>	<b>\$612.55</b>	<b>\$852.45</b>	<b>\$447.26</b>	<b>\$806.78</b>	<b>\$1,122.75</b>
<b>Blue Shield PPO ABHP Low (\$1500)</b>	\$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
<b>Employee</b>	<b>\$178.53</b>	<b>\$322.43</b>	<b>\$448.64</b>	<b>\$261.42</b>	<b>\$472.13</b>	<b>\$656.94</b>	<b>\$344.32</b>	<b>\$621.83</b>	<b>\$865.24</b>
<b>Kaiser HMO Standard</b>	\$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
<b>Employee</b>	<b>\$156.48</b>	<b>\$309.83</b>	<b>\$436.91</b>	<b>\$229.14</b>	<b>\$453.68</b>	<b>\$639.77</b>	<b>\$301.79</b>	<b>\$597.53</b>	<b>\$842.62</b>
<b>Kaiser HMO ABHP (\$1500)</b>	\$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
<b>Employee</b>	<b>\$129.53</b>	<b>\$254.70</b>	<b>\$359.04</b>	<b>\$189.67</b>	<b>\$372.96</b>	<b>\$525.74</b>	<b>\$249.82</b>	<b>\$491.21</b>	<b>\$692.44</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.  
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# HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining unit

SA (Law Enforcement)

Effective January 1, 2023

*Contributions are deducted over 24 pay periods*

	FULL TIME 64+ HOURS		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO Standard (\$200)</b>	\$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
<b>Employee</b>	<b>\$231.91</b>	<b>\$418.33</b>	<b>\$582.16</b>
<b>Blue Shield PPO ABHP Low (\$1500)</b>	\$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
<b>Employee</b>	<b>\$178.53</b>	<b>\$322.43</b>	<b>\$448.64</b>
<b>Kaiser HMO Standard</b>	\$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
<b>Employee</b>	<b>\$156.48</b>	<b>\$309.83</b>	<b>\$436.91</b>
<b>Kaiser HMO ABHP (\$1500)</b>	\$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
<b>Employee</b>	<b>\$129.53</b>	<b>\$254.70</b>	<b>\$359.04</b>
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.**

# HEALTH PLAN CONTRIBUTION RATES

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 (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>	\$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	\$468.54	\$845.54	\$1,177.45	\$351.41	\$634.16	\$883.09	\$234.27	\$422.77	\$588.73
<b>Employee</b>	<b>\$194.07</b>	<b>\$349.69</b>	<b>\$485.89</b>	<b>\$311.20</b>	<b>\$561.07</b>	<b>\$780.25</b>	<b>\$428.34</b>	<b>\$772.46</b>	<b>\$1,074.61</b>
<b>Blue Shield PPO ABHP Low (\$1500)</b>	\$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
<b>Employee</b>	<b>\$151.31</b>	<b>\$273.37</b>	<b>\$379.87</b>	<b>\$241.01</b>	<b>\$435.33</b>	<b>\$605.36</b>	<b>\$330.71</b>	<b>\$597.30</b>	<b>\$830.85</b>
<b>Kaiser HMO Standard</b>	\$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
<b>Employee</b>	<b>\$111.33</b>	<b>\$223.43</b>	<b>\$316.06</b>	<b>\$195.27</b>	<b>\$388.88</b>	<b>\$549.13</b>	<b>\$279.22</b>	<b>\$554.33</b>	<b>\$782.20</b>
<b>Kaiser HMO ABHP (\$1500)</b>	\$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
<b>Employee</b>	<b>\$91.54</b>	<b>\$183.09</b>	<b>\$259.55</b>	<b>\$161.18</b>	<b>\$319.25</b>	<b>\$451.12</b>	<b>\$230.82</b>	<b>\$455.41</b>	<b>\$642.69</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.**

## ACA COMPLIANT PLAN\*

Effective January 1, 2023

*Contributions are deducted over 24 pay periods*

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO ABHP High (\$2000)</b>	\$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
<b>Employee</b>	<b>\$42.20</b>	<b>\$413.82</b>	<b>\$738.43</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.**

*\*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.*

	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>	\$24.88	\$44.79	\$62.21	\$24.88	\$44.79	\$62.21	\$24.88	\$44.79	\$62.21
<b>VSP CHOICE</b>	\$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	\$21.72	\$39.48	\$55.63	\$16.29	\$29.61	\$41.72	\$10.86	\$19.74	\$27.82
<b>Employee</b>	<b>\$5.43</b>	<b>\$9.86</b>	<b>\$13.90</b>	<b>\$10.86</b>	<b>\$19.73</b>	<b>\$27.81</b>	<b>\$16.29</b>	<b>\$29.60</b>	<b>\$41.71</b>

	For employees in bargaining unit SA		
	EE ONLY	EE+1	FAMILY
<b>DELTA DENTAL PPO+PREMIER</b>	\$24.88	\$44.79	\$62.21
<b>VSP CHOICE</b>	\$1.92	\$3.85	\$6.20
Total	\$26.80	\$48.64	\$68.41
Employer	\$17.42	\$31.62	\$44.47
<b>Employee</b>	<b>\$9.38</b>	<b>\$17.02</b>	<b>\$23.94</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>	\$24.88	\$44.79	\$62.21	\$24.88	\$44.79	\$62.21	\$24.88	\$44.79
<b>VSP CHOICE</b>	\$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
<b>Employee</b>	<b>\$10.42</b>	<b>\$18.95</b>	<b>\$26.72</b>	<b>\$14.60</b>	<b>\$26.55</b>	<b>\$37.42</b>	<b>\$18.78</b>	<b>\$34.14</b>	<b>\$48.12</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>	\$24.88	\$44.79	\$62.21	\$24.88	\$44.79	\$62.21	\$24.88	\$44.79
<b>VSP CHOICE</b>	\$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
<b>Employee</b>	<b>\$9.50</b>	<b>\$17.26</b>	<b>\$24.33</b>	<b>\$13.91</b>	<b>\$25.28</b>	<b>\$35.63</b>	<b>\$18.32</b>	<b>\$33.30</b>	<b>\$46.93</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 OUTSIDE AGENCIES

Effective January 1, 2023

### WITH NO RETIREE COVERAGE

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$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
<b>Total</b>	<b>\$973.56</b>	<b>\$1,761.15</b>	<b>\$2,450.78</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1500 ABHP</b>	\$1,005.00	\$1,812.00	\$2,518.00
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
<b>Total</b>	<b>\$1,074.56</b>	<b>\$1,941.15</b>	<b>\$2,702.78</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$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
<b>Total</b>	<b>\$1,379.56</b>	<b>\$2,489.15</b>	<b>\$3,465.78</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$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
<b>Total</b>	<b>\$948.56</b>	<b>\$1,869.15</b>	<b>\$2,635.78</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1500 ABHP</b>	\$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
<b>Total</b>	<b>\$794.56</b>	<b>\$1,554.15</b>	<b>\$2,190.78</b>

## HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2023

### WITH RETIREE COVERAGE

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$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% Fee for retiree coverage	\$19.47	\$35.22	\$49.02
<b>Total</b>	<b>\$993.03</b>	<b>\$1,796.38</b>	<b>\$2,499.79</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1500 ABHP</b>	\$1,005.00	\$1,812.00	\$2,518.00
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	\$21.49	\$38.82	\$54.06
<b>Total</b>	<b>\$1,096.05</b>	<b>\$1,979.98</b>	<b>\$2,756.83</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$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% Fee for retiree coverage	\$27.59	\$49.78	\$69.32
<b>Total</b>	<b>\$1,407.15</b>	<b>\$2,538.94</b>	<b>\$3,535.09</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$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
<b>Total</b>	<b>\$967.53</b>	<b>\$1,906.54</b>	<b>\$2,688.49</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1500 ABHP</b>	\$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% Fee for retiree coverage	\$15.89	\$31.08	\$43.82
<b>Total</b>	<b>\$810.45</b>	<b>\$1,585.24</b>	<b>\$2,234.59</b>

# HEALTH PLAN CONTRIBUTION RATES

## COBRA

Effective January 1, 2023

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$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
<b>Total</b>	<b>\$993.03</b>	<b>\$1,796.38</b>	<b>\$2,499.79</b>

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1500 ABHP</b>	\$1,005.00	\$1,812.00	\$2,518.00
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
<b>Total</b>	<b>\$1,096.05</b>	<b>\$1,979.98</b>	<b>\$2,756.83</b>

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$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
<b>Total</b>	<b>\$1,407.15</b>	<b>\$2,538.94</b>	<b>\$3,535.09</b>

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$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
<b>Total</b>	<b>\$967.53</b>	<b>\$1,906.54</b>	<b>\$2,688.49</b>

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1500 ABHP</b>	\$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
<b>Total</b>	<b>\$810.45</b>	<b>\$1,585.24</b>	<b>\$2,234.59</b>

Employee Assistance Program (EAP)

\$5.17 regardless of number enrolled