HEALTH PLAN CONTRIBUTION RATES						
COBRA						
Effective January 1, 2015						
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>			
Blue Shield PPO \$1300 ABHP	\$825.69	\$1,488.38	\$2,069.45			
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71			
VSP Choice	\$5.28	\$10.56	\$17.00			
EDC Admin Fee	-	\$29.76	\$44.63			
2% COBRA Admin Fee	\$18.00	\$32.53	\$45.34			
Total	\$918.13	\$1,658.94	\$2,312.13			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>			
Blue Shield PPO \$200	\$1,074.69					
Delta Dental PPO+Premier	\$54.28	· ·	-			
VSP Choice	\$5.28	· ·	•			
EDC Admin Fee	\$14.88	\$29.76	\$44.63			
2% COBRA Admin Fee	\$22.98	\$41.49	\$57.78			
Total	\$1,172.11	\$2,115.90	\$2,946.57			
	EE ONLY	·	<u>FAMILY</u>			
Kaiser HMO	\$610.60		\$1,728.01			
Delta Dental PPO+Premier	\$54.28	· ·				
VSP Choice	\$5.28	\$10.56	· ·			
EDC Admin Fee	-	\$29.76	-			
2% COBRA Admin Fee	\$13.70	\$27.18	\$38.51			
Total	\$698.74	\$1,386.42	\$1,963.86			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>			
Kaiser HMO \$1300 ABHP	\$483.53	\$967.07	\$1,368.40			
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71			
VSP Choice	\$5.28	\$10.56	\$17.00			
EDC Admin Fee	\$14.88	\$29.76	\$44.63			
2% COBRA Admin Fee	\$11.16	\$22.10	\$31.31			
Total	\$569.13	\$1,127.20	\$1,597.05			
	, , , , , ,	, _,	7 = ,55 1 103			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>			
United Healthcare HMO	\$867.61	\$1,778.47	\$2,515.94			
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71			
VSP Choice	\$5.28	\$10.56	\$17.00			
EDC Admin Fee	\$14.88	\$29.76	\$44.63			
2% COBRA Admin Fee	\$18.84	\$38.33	\$54.27			
Total	\$960.89	\$1,954.83	\$2,767.55			
		, , , , , , ,	, ,			

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2015

WITH NO RETIREE COVERAGE					
	EE ONLY	EE+1	<u>FAMILY</u>		
Blue Shield PPO \$1300 ABHP	\$825.69	\$1,488.38	\$2,069.45		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71		
VSP Choice	\$5.28	\$10.56	\$17.00		
EDC Admin Fee	\$14.88	\$29.76	\$44.63		
Total	\$900.13	\$1,626.41	\$2,266.79		
	EE ONLY	EE+1	FAMILY		
Blue Shield PPO \$200	\$1,074.69	\$1,936.38	\$2,691.45		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71		
VSP Choice	\$5.28	\$10.56	\$17.00		
EDC Admin Fee	\$14.88	\$29.76	\$44.63		
LDC Admini rec	714.00	Ç23.70	Ş 11 .03		
Total	\$1,149.13	\$2,074.41	\$2,888.79		
	EE ONLY	EE+1	FAMILY		
Kaiser HMO	\$610.60	\$1,221.21	\$1,728.01		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71		
VSP Choice	\$5.28	\$10.56	\$17.00		
EDC Admin Fee	\$14.88	\$29.76	\$22.32		
Total	\$685.04	\$1,359.24	\$1,903.04		
	55 ONUV	FF . 4	E 4 8 411 1/		
	EE ONLY	<u>EE+1</u>	FAMILY		
Kaiser HMO \$1300 ABHP	\$483.53	\$967.07	\$1,368.40		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71		
VSP Choice EDC Admin Fee	\$5.28 \$14.88	\$10.56 \$29.76	\$17.00 \$44.63		
EDC Admin Fee	\$14.88	\$29.76	\$44.03		
Total	\$557.97	\$1,105.10	\$1,565.74		
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
United Healthcare HMO	\$867.61	\$1,778.47	\$2,515.94		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71		
VSP Choice	\$5.28	\$10.56	\$17.00		
EDC Admin Fee	\$14.88	\$29.76	\$44.63		
Total	\$942.05	\$1,916.50	\$2,713.28		
	Ψ5 .=.35	+ =,0 = 0.30	7 = 7.7 = 0.1		

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2015

Effective January 1, 2015						
WITH RETI	WITH RETIREE COVERAGE					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>			
Blue Shield PPO \$1300 ABHP	\$825.69	\$1,488.38	\$2,069.45			
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71			
VSP Choice	\$5.28	\$10.56	\$17.00			
EDC Admin Fee	\$14.88	\$29.76	\$44.63			
2% Fee for retiree coverage	\$18.00	\$32.53	\$45.34			
Total	\$918.13	\$1,658.94	\$2.312.13			
		,				
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>			
Blue Shield PPO \$200	\$1,074.69	\$1,936.38	\$2,691.45			
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71			
VSP Choice	\$5.28	\$10.56	\$17.00			
EDC Admin Fee	\$14.88	\$29.76	\$44.63			
2% Fee for retiree coverage	\$22.98	\$41.49	\$57.78			
	7-2-0-0	* :=::•	70			
Total	\$1,172.11	\$2,115.90	\$2,946.57			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>			
Kaiser HMO	\$610.60	\$1,221.21	\$1,728.01			
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71			
VSP Choice	\$5.28	\$10.56	\$17.00			
EDC Admin Fee	\$14.88	\$29.76	\$44.63			
2% Fee for retiree coverage	\$13.70	\$27.18	\$38.51			
Total	\$698.74	\$1,386.42	\$1,963.86			
1014	φοσοιν	ψ <u>1</u> ,000.12	42 /300.00			
	EE ONLY	<u>EE+1</u>	FAMILY			
Kaiser HMO \$1300 ABHP	\$483.53	\$967.07	\$1,368.40			
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71			
VSP Choice	\$5.28	\$10.56	\$17.00			
EDC Admin Fee	\$14.88	\$29.76	\$44.63			
2% Fee for retiree coverage	\$11.16	\$22.10	\$31.31			
270 1 00 101 10111 00 00 1014 00	Ÿ11.10	γ==:10	401.01			
Total	\$569.13	\$1,127.20	\$1,597.05			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>			
United Healthcare HMO	\$867.61	\$1,778.47	\$2,515.94			
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71			
VSP Choice	\$5.28	\$10.56	\$17.00			
EDC Admin Fee	\$14.88	\$29.76	\$44.63			
2% Fee for retiree coverage	\$18.84	\$38.33	\$54.27			
Total	\$960.89	\$1,954.83	\$2,767.55			
Total	\$200.65	₹1,734.0 3	32,707.35			