

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CA, CC & MA

Effective January 1, 2015

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	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$292.54	\$528.58	\$736.71
Employee	\$157.52	\$284.62	\$396.69
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$373.47	\$674.18	\$938.86
Employee	\$201.10	\$363.02	\$505.54
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$305.31	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.53	\$679.62	\$962.68
Employer	\$222.64	\$441.75	\$625.74
Employee	\$119.89	\$237.87	\$336.94
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$181.34	\$359.16	\$508.87
Employee	\$97.64	\$193.39	\$274.00
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$433.81	\$889.24	\$1,257.97
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$306.17	\$622.86	\$881.82
Employee	\$164.86	\$335.39	\$474.82
<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>			

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PART TIME 40 - 63 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$219.41	\$396.44	\$552.53
Employee	\$230.66	\$416.77	\$580.86
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$280.10	\$505.64	\$704.14
Employee	\$294.46	\$531.57	\$740.25
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$305.31	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.53	\$679.62	\$962.68
Employer	\$166.98	\$331.31	\$469.30
Employee	\$175.55	\$348.31	\$493.37
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$136.01	\$269.37	\$381.65
Employee	\$142.98	\$283.18	\$401.22
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$433.81	\$889.24	\$1,257.97
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$229.62	\$467.15	\$661.36
Employee	\$241.40	\$491.10	\$695.28
<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>			

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PART TIME 32 - 39 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$146.27	\$264.29	\$368.35
Employee	\$303.79	\$548.91	\$765.04
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$186.73	\$337.09	\$469.43
Employee	\$387.83	\$700.11	\$974.97
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$305.31	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.53	\$679.62	\$962.68
Employer	\$111.32	\$220.88	\$312.87
Employee	\$231.21	\$458.74	\$649.81
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$90.67	\$179.58	\$254.43
Employee	\$188.31	\$372.97	\$528.44
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$433.81	\$889.24	\$1,257.97
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$153.08	\$311.43	\$440.91
Employee	\$317.94	\$646.82	\$915.73
<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>			

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

SA

Effective January 1, 2015

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FULL TIME 64+ HOURS (PER PAY PERIOD)			
	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$300.21	\$542.67	\$756.92
Employee	\$149.86	\$270.54	\$376.48
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$384.11	\$693.70	\$966.42
Employee	\$190.46	\$343.51	\$477.98
Kaiser HMO	\$305.31	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.53	\$679.62	\$962.68
Employer	\$222.64	\$441.75	\$625.74
Employee	\$119.89	\$237.87	\$336.94
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$181.34	\$359.16	\$508.87
Employee	\$97.64	\$193.39	\$274.00
United Healthcare HMO	\$433.81	\$889.24	\$1,257.97
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$311.12	\$633.50	\$897.42
Employee	\$159.91	\$324.75	\$459.22
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)			

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

SA

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PART TIME 40 - 63 HOURS (PER PAY PERIOD)			
	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$225.15	\$407.00	\$567.69
Employee	\$224.91	\$406.21	\$565.71
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$288.08	\$520.27	\$724.81
Employee	\$286.49	\$516.93	\$719.58
Kaiser HMO	\$305.31	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.53	\$679.62	\$962.68
Employer	\$166.98	\$331.31	\$469.30
Employee	\$175.55	\$348.31	\$493.37
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
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Employee	\$142.98	\$283.18	\$401.22
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Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$233.34	\$475.13	\$673.07
Employee	\$237.69	\$483.13	\$683.58
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)			

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PART TIME 32 - 39 HOURS (PER PAY PERIOD)			
	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$150.10	\$271.33	\$378.46
Employee	\$299.96	\$541.87	\$754.94
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$192.05	\$346.85	\$483.21
Employee	\$382.51	\$690.36	\$961.19
Kaiser HMO	\$305.31	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.53	\$679.62	\$962.68
Employer	\$111.32	\$220.88	\$312.87
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EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$155.56	\$316.75	\$448.71
Employee	\$315.47	\$641.50	\$907.93
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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CO, EL, SM, UM & UD

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FULL TIME 64+ HOURS (PER PAY PERIOD)			
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HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

GE, PL, SU, TC, PR & CR

Effective January 1, 2015

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	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$360.05	\$650.56	\$906.72
Employee	\$90.01	\$162.64	\$226.68
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$459.65	\$829.76	\$1,155.52
Employee	\$114.91	\$207.44	\$288.88
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$305.31	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.53	\$679.62	\$962.68
Employer	\$274.02	\$543.70	\$770.14
Employee	\$68.51	\$135.92	\$192.54
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$223.19	\$442.04	\$626.30
Employee	\$55.80	\$110.51	\$156.57
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$433.81	\$889.24	\$1,257.97
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$376.82	\$766.60	\$1,085.31
Employee	\$94.21	\$191.65	\$271.33

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

GE, PL, SU, TC, PR & CR

Effective January 1, 2015

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	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$270.04	\$487.92	\$680.04
Employee	\$180.03	\$325.28	\$453.36
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$344.74	\$622.32	\$866.64
Employee	\$229.83	\$414.88	\$577.76
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$305.31	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.53	\$679.62	\$962.68
Employer	\$205.52	\$407.77	\$577.61
Employee	\$137.01	\$271.85	\$385.07
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$167.39	\$331.53	\$469.72
Employee	\$111.59	\$221.02	\$313.15
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$433.81	\$889.24	\$1,257.97
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$282.62	\$574.95	\$813.98
Employee	\$188.41	\$383.30	\$542.66

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

GE, PL, SU, TC, PR & CR

Effective January 1, 2015

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	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$180.03	\$325.28	\$453.36
Employee	\$270.04	\$487.92	\$680.04
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$229.83	\$414.88	\$577.76
Employee	\$344.74	\$622.32	\$866.64
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$305.31	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.53	\$679.62	\$962.68
Employer	\$137.01	\$271.85	\$385.07
Employee	\$205.52	\$407.77	\$577.61
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$111.59	\$221.02	\$313.15
Employee	\$167.39	\$331.53	\$469.72
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$433.81	\$889.24	\$1,257.97
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$188.41	\$383.30	\$542.66
Employee	\$282.62	\$574.95	\$813.98

HEALTH PLAN CONTRIBUTION RATES

COBRA

Effective January 1, 2015

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$825.69	\$1,488.38	\$1,034.73
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% COBRA Admin Fee	\$18.00	\$32.53	\$45.34

Total	\$918.13	\$1,658.94	\$1,178.73
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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,074.69	\$1,936.38	\$1,345.73
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% COBRA Admin Fee	\$22.98	\$41.49	\$57.78

Total	\$1,172.11	\$2,115.90	\$1,502.17
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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$610.62	\$1,221.21	\$864.01
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% COBRA Admin Fee	\$13.70	\$27.18	\$38.51

Total	\$698.76	\$1,386.42	\$1,001.18
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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$483.53	\$967.07	\$684.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% COBRA Admin Fee	\$11.16	\$22.10	\$31.31

Total	\$569.13	\$1,127.20	\$814.18
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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$867.61	\$1,778.47	\$1,257.97
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% COBRA Admin Fee	\$18.84	\$38.33	\$54.27

Total	\$960.89	\$1,954.83	\$1,410.91
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HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2015			
WITH NO RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$825.69	\$1,488.38	\$1,034.73
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
Total	\$900.13	\$1,626.41	\$1,133.40
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,074.69	\$1,936.38	\$1,345.73
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
Total	\$1,149.13	\$2,074.41	\$1,444.40
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$610.62	\$1,221.21	\$864.01
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
Total	\$685.06	\$1,359.24	\$962.68
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$483.53	\$967.07	\$684.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
Total	\$557.97	\$1,105.10	\$782.87
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$867.61	\$1,778.47	\$1,257.97
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
Total	\$942.05	\$1,916.50	\$1,356.64

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2015			
WITH RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$825.69	\$1,488.38	\$1,034.73
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% Fee for retiree coverage	\$18.00	\$32.53	\$45.34
Total	\$918.13	\$1,658.94	\$1,178.73
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,074.69	\$1,936.38	\$1,345.73
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% Fee for retiree coverage	\$22.98	\$41.49	\$57.78
Total	\$1,172.11	\$2,115.90	\$1,502.17
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$610.62	\$1,221.21	\$864.01
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% Fee for retiree coverage	\$13.70	\$27.18	\$38.51
Total	\$698.76	\$1,386.42	\$1,001.18
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$483.53	\$967.07	\$684.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% Fee for retiree coverage	\$11.16	\$22.10	\$31.31
Total	\$569.13	\$1,127.20	\$814.18
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$867.61	\$1,778.47	\$1,257.97
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% Fee for retiree coverage	\$18.84	\$38.33	\$54.27
Total	\$960.89	\$1,954.83	\$1,410.91

HEALTH PLAN CONTRIBUTION RATES

RETIREEES

Effective January 1, 2015

Monthly Rates and Contributions

EARLY RETIREES (PRE 65 NO MEDICARE)			
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$825.69	\$1,488.38	\$2,069.45
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$845.85	\$1,528.70	\$2,131.08
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$200	\$1,074.69	\$1,936.38	\$2,691.45
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$1,094.85	\$1,976.70	\$2,753.08
	RETIREE ONLY	RETIREE+1	FAMILY
Kaiser HMO	\$610.62	\$1,221.21	\$1,728.01
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$630.78	\$1,261.53	\$1,789.64
	RETIREE ONLY	RETIREE+1	FAMILY
Kaiser HMO \$1300 ABHP	\$483.53	\$967.07	\$1,368.40
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$503.69	\$1,007.39	\$1,430.03
	RETIREE ONLY	RETIREE+1	FAMILY
United Healthcare HMO	\$867.61	\$1,778.47	\$2,515.94
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$887.77	\$1,818.79	\$2,577.57

RETIREE HEALTH CONTRIBUTION (RHC)			
YEARS OF SERVICE	LEVEL	PRE 65	65+
12 THRU 14	LEVEL 1	\$263.86	\$175.48
15 THRU 19	LEVEL 2	\$399.79	\$265.88
20 +	LEVEL 3	\$535.72	\$356.28
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$799.58	\$531.76

*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			
	<u>1 IN A&B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&B</u>
Blue Shield PPO \$1300 ABHP	\$739.92	\$1,402.34	\$1,379.34
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$760.08	\$1,442.66	\$1,440.97
	<u>1 IN A&B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&B</u>
Blue Shield PPO \$200	\$689.92	\$1,763.34	\$1,379.34
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$710.08	\$1,803.66	\$1,440.97
	<u>1 IN A&B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&B</u>
Kaiser Senior Advantage (KSA)*	\$407.22	\$1,024.02	\$814.44
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$422.10	\$1,053.78	\$859.07
<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*			
	<u>RETIREE ONLY</u>	<u>RETIREE+1</u>	<u>FAMILY</u>
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
<i>*if you previously dropped dental coverage, you cannot reenroll</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.