HEALTH PLAN CONTRIBUTION RATES For employees in bargaining units CA, CC & MA

Effective January 1, 2015

FULL TIME 64+ HOL	JRS (PER	PAY PER	IOD)
	EE ONLY	<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
	EE ONLY	<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
	EE ONLY	<u>EE+1</u>	FAMILY
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
	EE ONLY	EE+1	FAMILY
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
	EE ONLY	<u>EE+1</u>	FAMILY
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
NOTE: Employees receive \$6,000		-	-
Benefit credits, which can be used	d to offset e	employee con	ntributions.
(24 pay periods at \$250 each)			

HEALTH PLAN CONTRIBUTION RATES For employees in bargaining units CA, CC & MA

Effective January 1, 2015

PART TIME 40 - 63 H	OURS (P	R PAY PE	RIOD)
	EE ONLY	<u>EE+1</u>	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	\$219.41	\$396.44	\$552.53
Employee	\$230.66	\$416.77	\$580.86
	EE ONLY	EE+1	FAMILY
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
	EE ONLY	<u>EE+1</u>	FAMILY
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
	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO \$1300 ABHP	\$241.77	<u>== =</u> \$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	\$130.01 \$142.98	\$283.18	\$401.22
	EE ONLY	EE+1	FAMILY
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
NOTE: Employees receive \$4,500			-
Benefit credits, which can be use	ed to offset e	employee cor	ntributions.
(24 pay periods at \$188 each)			

HEALTH PLAN CONTRIBUTION RATES For employees in bargaining units CA, CC & MA

Effective January 1, 2015

OURS (PE	R PAY PE	RIOD)
EE ONLY	<u>EE+1</u>	FAMILY
\$412.85	\$744.19	\$1,034.73
\$27.14	\$48.86	\$67.86
\$2.64	\$5.28	\$8.50
\$7.44	\$14.88	\$22.32
\$450.07	\$813.21	\$1,133.40
\$146.27	\$264.29	\$368.35
\$303.79	\$548.91	\$765.04
EE ONLY	EE+1	FAMILY
		\$1,345.73
		\$67.86
		\$8.50
\$7.44	\$14.88	\$22.32
\$574.57	\$1,037.21	\$1,444.40
\$186.73	\$337.09	\$469.43
\$387.83	\$700.11	\$974.97
EE ONLY	<u>EE+1</u>	FAMILY
\$305.31	\$610.61	\$864.01
\$27.14	\$48.86	\$67.86
\$2.64	\$5.28	\$8.50
\$7.44	\$14.88	\$22.32
\$342.53	\$679.62	\$962.68
\$111.32	\$220.88	\$312.87
\$231.21	\$458.74	\$649.81
EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
\$241.77	\$483.54	\$684.20
\$27.14	\$48.86	\$67.86
\$2.64	\$5.28	\$8.50
\$7.44	\$14.88	\$22.32
		\$782.87
		\$254.43
\$188.31	\$372.97	\$528.44
7100.51		
EE ONLY	<u>EE+1</u>	FAMILY
EE ONLY \$433.81	<u>EE+1</u> \$889.24	\$1,257.97
EE ONLY \$433.81 \$27.14	<u>EE+1</u> \$889.24 \$48.86	\$1,257.97 \$67.86
EE ONLY \$433.81 \$27.14 \$2.64	EE+1 \$889.24 \$48.86 \$5.28	\$1,257.97 \$67.86 \$8.50
EE ONLY \$433.81 \$27.14	<u>EE+1</u> \$889.24 \$48.86	\$1,257.97 \$67.86
EE ONLY \$433.81 \$27.14 \$2.64 \$7.44	EE+1 \$889.24 \$48.86 \$5.28 \$14.88	\$1,257.97 \$67.86 \$8.50 \$22.32
EE ONLY \$433.81 \$27.14 \$2.64 \$7.44 \$471.03	EE+1 \$889.24 \$48.86 \$5.28 \$14.88	\$1,257.97 \$67.86 \$8.50 \$22.32 \$1,356.64
\$433.81 \$27.14 \$2.64 \$7.44 \$471.03 \$153.08	EE+1 \$889.24 \$48.86 \$5.28 \$14.88 \$958.25 \$311.43	\$1,257.97 \$67.86 \$8.50 \$22.32 \$1,356.64 \$440.91
EE ONLY \$433.81 \$27.14 \$2.64 \$7.44 \$471.03 \$153.08 \$317.94	EE+1 \$889.24 \$48.86 \$5.28 \$14.88 \$958.25 \$311.43 \$646.82	\$1,257.97 \$67.86 \$8.50 \$22.32 \$1,356.64 \$440.91 \$915.73
EE ONLY \$433.81 \$27.14 \$2.64 \$7.44 \$471.03 \$153.08 \$317.94 O over 24 pay	EE+1 \$889.24 \$48.86 \$5.28 \$14.88 \$958.25 \$311.43	\$1,257.97 \$67.86 \$8.50 \$22.32 \$1,356.64 \$440.91 \$915.73 Optional
	EE ONLY \$412.85 \$27.14 \$2.64 \$7.44 \$450.07 \$146.27 \$303.79 EE ONLY \$537.35 \$27.14 \$2.64 \$7.44 \$574.57 \$186.73 \$387.83 EE ONLY \$305.31 \$27.14 \$2.64 \$7.44 \$342.53 \$111.32 \$231.21 EE ONLY \$241.77 \$27.14 \$2.64 \$7.44	\$412.85 \$744.19 \$27.14 \$48.86 \$2.64 \$5.28 \$7.44 \$14.88 \$450.07 \$813.21 \$146.27 \$264.29 \$303.79 \$548.91 EE ONLY EE+1 \$537.35 \$968.19 \$27.14 \$48.86 \$2.64 \$5.28 \$7.44 \$14.88 \$574.57 \$1,037.21 \$186.73 \$337.09 \$387.83 \$700.11 EE ONLY EE+1 \$305.31 \$610.61 \$27.14 \$48.86 \$2.64 \$5.28 \$7.44 \$14.88 \$342.53 \$679.62 \$111.32 \$220.88 \$231.21 \$458.74 EE ONLY \$48.86 \$2.64 \$5.28 \$7.44 \$14.88 \$342.53 \$679.62 \$111.32 \$220.88 \$231.21 \$458.74 EE ONLY \$48.86 \$2.64 \$5.28 \$7.44 \$14.88

For employees in bargaining units

SA

Effective January 1, 2015

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			
Benefit credits, which can be use		employee con	tributions.
(24 pay periods at \$171.17 each)		

For employees in bargaining units

SA

Effective January 1, 2015

PART TIME 40 - 63 H	OURS (PE	R PAY PE	RIOD)
	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
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
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	\$233.34	\$475.13	\$673.07
Employee	\$237.69	\$483.13	\$683.58
NOTE: Employees receive \$3,081			
Benefit credits, which can be use		employee cor	tributions.
(24 pay periods at \$128.38 each,)		

For employees in bargaining units

SA

Effective January 1, 2015

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
Employee	\$231.21	\$458.74	\$649.81
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
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	\$155.56	\$316.75	\$448.71
Employee	\$315.47	\$641.50	\$907.93
NOTE: Employees receive \$2,054	l over 24 pa	y periods in C	Optional
Benefit credits, which can be use	ed to offset e	employee cor	tributions.
(24 pay periods at \$85.58 each)			

For employees in bargaining units

CO, EL, SM, UM & UD Effective January 1, 2015

FULL TIME 64+ HO	URS (PER	PAY PER	IOD)
	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	\$337.33	\$48.86	\$67.86
VSP Choice	\$27.14	\$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	\$864.02
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
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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	\$1,257.9
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.8
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.6
Employer	\$311.12	\$633.50	\$897.4
Employee Employee	\$159.91	\$324.75	\$459.22
NOTE: Employees receive \$6,000			
Benefit credits, which can be use			
(24 pay periods at \$250 each)	,,	, ,	

For employees in bargaining units

CO, EL, SM, UM & UD Effective January 1, 2015

PART TIME 40 - 63 H	OURS (PE	R PAY PE	RIOD)
	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
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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
VSP Choice	\$2.64	\$5.28	\$8.50
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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
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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 \$4,500			
Benefit credits, which can be use	d to offset e	employee cor	tributions.

For employees in bargaining units

CO, EL, SM, UM & UD Effective January 1, 2015

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
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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
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Total	\$342.53	\$679.62	\$962.68
Employer	\$111.32	\$220.88	\$312.87
Employee	\$231.21	\$458.74	\$649.81
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
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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
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	\$155.56	\$316.75	\$448.71
Employee	\$315.47	\$641.50	\$907.93
NOTE: Employees receive \$3,000 Benefit credits, which can be use			
(24 pay periods at \$125 each)			

For employees in bargaining units GE, PL, SU, TC, PR & CR

Effective January 1, 2015

FULL TIME 64+ HOU	JRS (PER	PAY PERI	OD)
	EE ONLY	<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 Employee	\$90.01	\$162.64	\$226.68
	EE ONLY	EE+1	FAMILY
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	\$2.04 \$7.44	\$14.88	\$22.32
LDC Admini Fee	۶/.44	314.00	322.3 2
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$459.65	\$829.76	\$1,155.52
Employee	\$114.91	\$207.44	\$288.88
	EE ONLY	EE+1	<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
	40.0 -0	4	40.50.50
Total	\$342.53	\$679.62	\$962.68
Employer	\$274.02	\$543.70	\$770.14
Employee	\$68.51	\$135.92	\$192.54
	EE ONLY	<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
	EE ONLY	EE+1	FAMILY
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	¢474.00	ĆOEO DE	Ć1 2FC C4
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$376.82	\$766.60	\$1,085.31
Employee	\$94.21	\$191.65	\$271.33

For employees in bargaining units GE, PL, SU, TC, PR & CR

Effective January 1, 2015

PART TIME 40 - 63 I		' ''	
TAINT THE 40 - 05 I			
Blue Shield PPO \$1300 ABHP	<u>EE ONLY</u> \$412.85	<u>EE+1</u> \$744.19	<u>FAMILY</u>
Delta Dental PPO+Premier	\$412.65	\$48.86	\$1,034.73 \$67.86
VSP Choice	\$27.14 \$2.64		\$67.86 \$8.50
		\$5.28	
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
	EE ONLY	<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 Employee	\$229.83	\$414.88	\$577.76
	EE ONLY	<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
LDC Admini ree	77.44	Ş14.66	722.32
Total	\$342.53	\$679.62	\$962.68
Employer	\$205.52	\$407.77	\$577.61
Employee	\$137.01	\$271.85	\$385.07
	EE ONLY	<u>EE+1</u>	FAMILY
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
	EE ONLY	<u>EE+1</u>	FAMILY
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	¢474 02	ÇUEO JE	¢1 256 64
Total	\$471.03	\$958.25	\$1,356.64
Employer Employee	\$282.62	\$574.95	\$813.98
Employee	\$188.41	\$383.30	\$542.66

For employees in bargaining units

GE, PL, SU, TC, PR & CR

Effective January 1, 2015

PART TIME 32 - 39 H	OURS (PE	R PAY PE	RIOD)
	EE ONLY	<u>EE+1</u>	FAMILY
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	
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
	¥ 7111	Ψ=σσ	¥==.0=
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$180.03	\$325.28	\$453.36
Employee	\$270.04	\$487.92	\$680.04
	EE ONLY	<u>EE+1</u>	FAMILY
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
	EE ONLY	<u>EE+1</u>	FAMILY
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
	*****	7=	7
Total	\$342.53	\$679.62	\$962.68
Employer	\$137.01	\$271.85	\$385.07
Employee	\$205.52	\$407.77	\$577.61
	EE ONLY	EE+1	FAMILY
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	\$2.04 \$7.44	\$14.88	\$22.32
LDC Admini rec	۲۲.۹۹	714.00	722.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$111.59	\$221.02	\$313.15
Employee	\$167.39	\$331.53	\$469.72
	EE ONLY	<u>EE+1</u>	FAMILY
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	\$2.04 \$7.44	\$14.88	\$22.32
LDO AUTHILLICE	44.14	À14.00	عد.ع <i>د</i>
Total	\$471 03	\$958 25	\$1,356.64
Total Employer	\$471.03 \$188.41	\$958.25 \$383.30	\$1,356.64 \$542.66

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 EE ONLY EF+1 FAMILY 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 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 \$14.88 \$29.76 \$22.32 2% COBRA Admin Fee \$13.70	CC	HEALTH PLAN CONTRIBUTION RATES				
EE ONLY EE+1 FAMILY		COBRA				
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 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 \$1,172.11 \$2,115.90 \$1,502.17 Total \$1,172.11 \$2,115.90 \$1,502.17 Kaiser HMO \$610.62 \$1,221.21 \$864.01 VSP Choice \$5.28 \$10.56 \$8.50 EDC Admin Fee \$14.88 \$29.76 \$22.32 2% COBRA Admin Fee \$14.88 \$29.76 \$22.32 2%						
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 EE ONLY EE+1 FAMILY 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 Total \$1,172.11 \$2,115.90 \$1,502.17 Total \$1,221.1 \$864.01 VSP Choice \$5.28 \$10.56 \$8.50 PO Choice \$5.28 \$10.56 \$8.50 EDC Admin Fee		EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
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 EE ONLY EE+1 FAMILY 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 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	Blue Shield PPO \$1300 ABHP	\$825.69	\$1,488.38	\$1,034.73		
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 EE ONLY EE+1 FAMILY 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 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 \$10.56 \$8.50 EDC Admin Fee \$14.88 \$29.76 \$22.32 \$2% COBRA Admin Fee \$14.88 \$29.76 \$22.32 \$2% COBRA Admin Fee \$14.88 \$29.76 \$22.32 \$2% COBRA Admin Fee \$13.70 \$27.18 \$38.51	Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86		
2% COBRA Admin Fee \$18.00 \$32.53 \$45.34 Total \$918.13 \$1,658.94 \$1,178.73 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 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 \$14.88 \$29.76 \$22.32 2% COBRA Admin Fee \$13.70 \$27.18 \$38.51	VSP Choice	\$5.28	\$10.56	\$8.50		
Total \$918.13 \$1,658.94 \$1,178.73 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 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 \$14.88 \$29.76 \$22.32 2% COBRA Admin Fee \$13.70 \$27.18 \$38.51	EDC Admin Fee	\$14.88	\$29.76	\$22.32		
EE ONLY EE+1 FAMILY	2% COBRA Admin Fee	\$18.00	\$32.53	\$45.34		
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 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	\$918.13	\$1,658.94	\$1,178.73		
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 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						
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 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		EE ONLY	EE+1	FAMILY		
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 EE ONLY EE+1 FAMILY 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	-	\$1,074.69	\$1,936.38	\$1,345.73		
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 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			· ·	-		
2% COBRA Admin Fee \$22.98 \$41.49 \$57.78 Total \$1,172.11 \$2,115.90 \$1,502.17 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 \$1,172.11 \$2,115.90 \$1,502.17 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			· ·	-		
EE ONLY EE+1 FAMILY 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	2% COBRA Admin Fee	\$22.98	\$41.49	\$57.78		
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	\$1,172.11	\$2,115.90	\$1,502.17		
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						
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						
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						
EDC Admin Fee \$14.88 \$29.76 \$22.32 2% COBRA Admin Fee \$13.70 \$27.18 \$38.51			· ·	-		
2% COBRA Admin Fee \$13.70 \$27.18 \$38.51			· ·	-		
			-	-		
Total \$698.76 \$1,386.42 \$1,001.18	2% COBRA Admin Fee	\$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>		EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
Kaiser HMO \$1300 ABHP \$483.53 \$967.07 \$684.20	Kaiser HMO \$1300 ABHP	\$483.53	\$967.07	\$684.20		
Delta Dental PPO+Premier \$54.28 \$97.71 \$67.86	Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86		
VSP Choice \$5.28 \$10.56 \$8.50	VSP Choice	\$5.28	\$10.56	\$8.50		
EDC Admin Fee \$14.88 \$29.76 \$22.32	EDC Admin Fee	\$14.88	\$29.76	\$22.32		
2% COBRA Admin Fee \$11.16 \$22.10 \$31.31	2% COBRA Admin Fee	\$11.16	\$22.10	\$31.31		
Total \$569.13 \$1,127.20 \$814.18	1	\$569.13	\$1,127.20	\$814.18		
	Total					
<u>EE ONLY</u> <u>EE+1</u> <u>FAMILY</u>	Total					
United Healthcare HMO \$867.61 \$1,778.47 \$1,257.97	Total	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
Delta Dental PPO+Premier \$54.28 \$97.71 \$67.86		·	·	<u>FAMILY</u> \$1,257.97		
VSP Choice \$5.28 \$10.56 \$8.50	United Healthcare HMO	\$867.61	\$1,778.47			
EDC Admin Fee \$14.88 \$29.76 \$22.32	United Healthcare HMO Delta Dental PPO+Premier	\$867.61 \$54.28	\$1,778.47 \$97.71	\$1,257.97		
2% COBRA Admin Fee \$18.84 \$38.33 \$54.27	United Healthcare HMO Delta Dental PPO+Premier VSP Choice	\$867.61 \$54.28 \$5.28	\$1,778.47 \$97.71 \$10.56	\$1,257.97 \$67.86		
Total \$960.89 \$1,954.83 \$1,410.91	United Healthcare HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee	\$867.61 \$54.28 \$5.28 \$14.88	\$1,778.47 \$97.71 \$10.56 \$29.76	\$1,257.97 \$67.86 \$8.50		

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2015

WITH NO RETIREE COVERAGE				
	EE ONLY	<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	
	EE ONLY	<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	
	EE ONLY	<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	
	EE ONLY	<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	
	4	4	4	
Total	\$557.97	\$1,105.10	\$782.87	
	EE ONLY	FF.1	FANAUN	
l., ,, ,,, ,,, ,,,,	EE ONLY	<u>EE+1</u>	FAMILY	
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	
Total	7372.03	71,710.30	71,330.04	

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2015

WITH RETIREE COVERAGE				
	EE ONLY	EE+1	FAMILY	
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	
	EE ONLY	<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	
	EE ONLY	<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	
	EE ONLY	<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	
	+505.12	, _,,	752-1120	
	EE ONLY	EE+1	FAMILY	
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	
10101	7500.03	71,557.03	71,710.31	

HEALTH PLAN CONTRIBUTION RATES RETIREES

Effective January 1, 2015

Monthly Rates and Contributions

EARLY RETIREE	S (PRE 65 NO ME	DICARE)	
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$825.69		
VSP Choice	\$5.28	. ,	\$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
lotai	\$503.09	\$1,007.39	\$1,430.03
	RETIREE ONLY		FAMILY
United Healthcare HMO	\$867.61	. ,	\$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
TOTAL	Ş007.77	₹1,010.79	<i>3</i> Ζ,377.57

RETIREE HEALTH CONTRIBUTION (RHC)			
YEARS OF SERVICE	LEVEL	PRE 65	<u>65+</u>
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				
Blue Shield PPO \$1300 ABHP VSP Choice EDC Admin Fee	1 IN A&B \$739.92 \$5.28 \$14.88	1 IN 1 OUT \$1,402.34 \$10.56 \$29.76	\$1,379.34	
<mark>Total</mark>	\$760.08	\$1,442.66	\$1,440.97	
Blue Shield PPO \$200 VSP Choice EDC Admin Fee	1 IN A&B \$689.92 \$5.28 \$14.88	1 IN 1 OUT \$1,763.34 \$10.56 \$29.76	\$1,379.34	
<mark>Total</mark>	\$710.08	\$1,803.66	\$1,440.97	
Kaiser Senior Advantage (KSA)* EDC Admin Fee	1 IN A&B \$407.22 \$14.88	1 IN 1 OUT \$1,024.02 \$29.76	2 IN A&B \$814.44 \$44.63	
Total	\$422.10	\$1,053.78	\$859.07	
* Kaiser vision is included in the Kaiser Senior Advantage plan				
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 RETIREE+1 FAMILY</u>			
Delta Dental PPO+Premier \$54.28 \$97.71 \$135.			\$135.71
*if you previously dropped dental coverage, you cannot reenroll			

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 catagory, please contact Risk Management for a rate sheet, or visit the Risk Management website at: www.edcgov.us/Government/Risk.