For employees in Local 1 and OE3

(GE, PL, SU, TC, PR & CR)

Effective January 1, 2016

Contributions are deducted over 24 pay periods

FULL TIME 64+ HOU	JRS (PER	PAY PERI	OD)
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$361.74	\$653.87	\$910.92
Employee	\$90.44	\$163.47	\$227.73
	EE ONLY	<u>EE+1</u>	FAMILY
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$468.14	\$845.47	\$1,176.92
Employee	\$117.04	\$211.37	\$294.23
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$262.48	\$524.96	\$744.26
Employee	\$65.62	\$131.24	\$186.07
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$211.12	\$422.24	\$598.90
Employee	\$52.78	\$105.56	\$149.73

For employees in Local 1 and OE3

(GE, PL, SU, TC, PR & CR)

Effective January 1, 2016

Contributions are deducted over 24 pay periods

PART TIME 40 - 63 H	OURS (PE	R PAY PE	RIOD)
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$271.31	\$490.40	\$683.19
Employee	\$180.87	\$326.93	\$455.46
	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$351.11	\$634.10	\$882.69
Employee	\$234.07	\$422.73	\$588.46
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$196.86	\$393.72	\$558.20
Employee	\$131.24	\$262.48	\$372.13
	EE ONLY	EE+1	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$158.34	\$316.68	\$449.18
Employee	\$105.56	\$211.12	\$299.45

For employees in Local 1 and OE3

(GE, PL, SU, TC, PR & CR)

Effective January 1, 2016

Contributions are deducted over 24 pay periods

PART TIME 32 - 39 HC	OURS (PE	R PAY PE	RIOD)
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	Ć4F2 10	Ć017 2 <i>4</i>	Ć1 120 CF
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$180.87 \$271.31	\$326.93 \$490.40	\$455.46 \$683.19
Employee	\$2/1.31	\$490.40	\$683.19
	EE ONLY	<u>EE+1</u>	FAMILY
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$234.07	\$422.73	\$588.46
Employee	\$351.11	\$634.10	\$882.69
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$131.24	\$262.48	\$372.13
Employee	\$196.86	\$393.72	\$558.20
	EE ONLY	EE+1	FAMILY
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
	,	·	,
Total	\$263.90	\$527.81	\$748.63
Employer	\$105.56	\$211.12	\$299.45
Employee	\$158.34	\$316.68	\$449.18

HEALTH PLAN CONTRIBUTION RATES For employees in bargaining units

CA, CC & MA

Effective January 1, 2016
Contributions are deducted over 24 pay periods

FULL TIME 64+ HO	URS (PER	PAY PERI	OD)
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$293.92	\$531.27	\$740.12
Employee	\$158.26	\$286.07	\$398.53
	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
	7-0.00	¥	402.00
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$380.37	\$686.94	\$956.24
Employee	\$204.81	\$369.89	\$514.90
	EE ONLV	FF : 1	E A N ALL V
Kaiser HMO	EE ONLY	<u>EE+1</u>	FAMILY
EDC Admin Fee	\$317.55 \$10.55	\$635.10 \$21.11	\$898.67 \$31.66
EDC Admin Fee	\$10.55	321.11	\$51.00
Total	\$328.10	\$656.21	\$930.33
Employer	\$213.27	\$426.53	\$604.71
Employee Employee	\$114.84	\$229.67	\$325.61
Lingity	•	•	•
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
	4252.25	A=0= 04	47.0.00
Total	\$263.90	\$527.81	\$748.63
Employer	\$171.54	\$343.07	\$486.61
Employee NOTE: Employees receive \$6,000	\$92.37	\$184.73	\$262.02

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)

For employees in bargaining units

CA, CC & MA

Effective January 1, 2016
Contributions are deducted over 24 pay periods

PART TIME 40 - 63 H	OURS (PE	R PAY PE	RIOD)
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$220.44	\$398.45	\$555.09
Employee	\$231.74	\$418.88	\$583.56
	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$285.28	\$515.21	\$717.18
Employee	\$299.90	\$541.63	\$753.96
	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$159.95	\$319.90	\$453.53
Employee	\$168.15	\$336.31	\$476.79
	EE ONLY	EE+1	FAMILY
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$128.65	\$257.30	\$364.95
Employee	\$135.25	\$270.50	\$383.67
NOTE: Employees receive \$4,500			

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)

HEALTH PLAN CONTRIBUTION RATES For employees in bargaining units

CA, CC & MA

Effective January 1, 2016
Contributions are deducted over 24 pay periods

PART TIME 32 - 39 H	OURS (PE	R PAY PE	RIOD)
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$146.96	\$265.63	\$370.06
Employee	\$305.22	\$551.70	\$768.59
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$190.18	\$343.47	\$478.12
Employee	\$395.00	\$713.36	\$993.02
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$106.63	\$213.27	\$302.36
Employee	\$221.47	\$442.94	\$627.97
Employee	\$221.47 EE ONLY	\$442.94 EE+1	\$627.97 FAMILY
Employee Kaiser HMO \$1300 ABHP		•	·
	EE ONLY	EE+1	FAMILY
Kaiser HMO \$1300 ABHP	EE ONLY \$253.35 \$10.55	EE+1 \$506.70 \$21.11	FAMILY \$716.97 \$31.66
Kaiser HMO \$1300 ABHP	EE ONLY \$253.35 \$10.55 \$263.90	EE+1 \$506.70 \$21.11 \$527.81	<u>FAMILY</u> \$716.97
Kaiser HMO \$1300 ABHP EDC Admin Fee	EE ONLY \$253.35 \$10.55	EE+1 \$506.70 \$21.11	FAMILY \$716.97 \$31.66

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)

For employees in bargaining units

SA

Effective January 1, 2016

Contributions are deducted over 24 pay periods

FULL TIME 64+ HO	JRS (PER	PAY PERI	OD)
	EE ONLY	<u>EE+1</u>	FAMILY
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$293.92	\$531.27	\$740.12
Employee	\$158.26	\$286.07	\$398.53
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$380.37	\$686.94	\$956.24
Employee	\$204.81	\$369.89	\$514.90
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$213.27	\$426.53	\$604.71
Employee	\$114.84	\$229.67	\$325.61
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$171.54	\$343.07	\$486.61
Employee	\$92.37	\$184.73	\$262.02
NOTE: Employees receive \$4,108			
Benefit credits, which can be used	d to offset ei	mployee cont	ributions.

(24 pay periods at \$171.17 each)

For employees in bargaining units

SA

Effective January 1, 2016

Contributions are deducted over 24 pay periods

PART TIME 40 - 63 I	HOURS (PE	R PAY PE	RIOD)
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$220.44	\$398.45	\$555.09
Employee	\$231.74	\$418.88	\$583.56
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$285.28	\$515.21	\$717.18
Employee	\$299.90	\$541.63	\$753.96
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$159.95	\$319.90	\$453.53
Employee	\$168.15	\$336.31	\$476.79
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
	\$263.90	\$527.81	\$748.63
Total	3203.90	Ψ 52 7. 01	
Total Employer	\$128.65	\$257.30	\$364.95

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)

For employees in bargaining units

SA

Effective January 1, 2016

Contributions are deducted over 24 pay periods

PART TIME 32 - 39 H	OURS (PE	R PAY PE	RIOD)
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$146.96	\$265.63	\$370.06
Employee	\$305.22	\$551.70	\$768.59
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$190.18	\$343.47	\$478.12
Employee	\$395.00	\$713.36	\$993.02
	<u> </u>		•
			FAMILY
Kaiser HMO	EE ONLY \$317.55	<u>EE+1</u> \$635.10	FAMILY \$898.67
	EE ONLY	<u>EE+1</u>	
Kaiser HMO	EE ONLY \$317.55	<u>EE+1</u> \$635.10	\$898.67
Kaiser HMO EDC Admin Fee	EE ONLY \$317.55 \$10.55	EE+1 \$635.10 \$21.11	\$898.67 \$31.66
Kaiser HMO EDC Admin Fee Total	\$317.55 \$10.55 \$328.10	EE+1 \$635.10 \$21.11 \$656.21	\$898.67 \$31.66 \$930.33
Kaiser HMO EDC Admin Fee Total Employer	\$317.55 \$10.55 \$328.10 \$106.63	EE+1 \$635.10 \$21.11 \$656.21 \$213.27	\$898.67 \$31.66 \$930.33 \$302.36
Kaiser HMO EDC Admin Fee Total Employer	\$317.55 \$10.55 \$328.10 \$106.63 \$221.47	\$635.10 \$21.11 \$656.21 \$213.27 \$442.94	\$898.67 \$31.66 \$930.33 \$302.36 \$627.97
Kaiser HMO EDC Admin Fee Total Employer Employee	\$317.55 \$10.55 \$328.10 \$106.63 \$221.47 EE ONLY	\$635.10 \$21.11 \$656.21 \$213.27 \$442.94 EE+1	\$898.67 \$31.66 \$930.33 \$302.36 \$627.97 FAMILY
Kaiser HMO EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP	\$317.55 \$10.55 \$328.10 \$106.63 \$221.47 EE ONLY \$253.35	\$635.10 \$21.11 \$656.21 \$213.27 \$442.94 \$EE+1 \$506.70	\$898.67 \$31.66 \$930.33 \$302.36 \$627.97 FAMILY \$716.97
Kaiser HMO EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee	\$317.55 \$10.55 \$328.10 \$106.63 \$221.47 EE ONLY \$253.35 \$10.55	\$635.10 \$21.11 \$656.21 \$213.27 \$442.94 \$506.70 \$21.11	\$898.67 \$31.66 \$930.33 \$302.36 \$627.97 FAMILY \$716.97 \$31.66
Kaiser HMO EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee Total	\$317.55 \$10.55 \$328.10 \$106.63 \$221.47 \$253.35 \$10.55 \$263.90	\$635.10 \$21.11 \$656.21 \$213.27 \$442.94 \$506.70 \$21.11 \$527.81	\$898.67 \$31.66 \$930.33 \$302.36 \$627.97 FAMILY \$716.97 \$31.66

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)

For employees in bargaining units

CO, EL, SM, UM & UD

Effective January 1, 2016

Contributions are deducted over 24 pay periods

FULL TIME 64+ HO	URS (PER	PAY PERI	OD)
	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$302.32	\$546.80	\$762.17
Employee	\$149.86	\$270.54	\$376.48
	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$394.72	\$713.33	\$993.17
Employee	\$190.46	\$343.51	\$477.98
	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$213.27	\$426.53	\$604.71
Employee	\$114.84	\$229.67	\$325.61
	EE ONLY	EE+1	FAMILY
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$171.54	\$343.07	\$486.61
Employee	\$92.37	\$184.73	\$262.02
NOTE: Employees receive \$6,000		-	
Benefit credits, which can be use	d to offset ei	mployee cont	ributions.

(24 pay periods at \$250 each)

For employees in bargaining units

CO, EL, SM, UM & UD

Effective January 1, 2016

Contributions are deducted over 24 pay periods

PART TIME 40 - 63	HOURS (PE	R PAY PE	RIOD)
	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$226.74	\$410.10	\$571.62
Employee	\$225.44	\$407.24	\$567.02
	EE ONLY	<u>EE+1</u>	FAMILY
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$296.04	\$534.99	\$744.87
Employee	\$289.14	\$521.84	\$726.27
	EE ONLY	EE+1	FAMILY
Kaiser HMO	\$317.55	\$635.10	\$898.67
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$328.10	\$656.21	\$930.33
Employer	\$159.95	\$319.90	\$453.53
Employee	\$168.15	\$336.31	\$476.79
	EE ONLY	EE+1	FAMILY
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$128.65	\$257.30	\$364.95
Employee	\$135.25	\$270.50	\$383.67
NOTE: Employees receive \$4,50			
Benefit credits, which can be u	sed to offset ei	mployee cont	tributions.

(24 pay periods at \$188 each)

For employees in bargaining units

CO, EL, SM, UM & UD

Effective January 1, 2016

Contributions are deducted over 24 pay periods

PART TIME 32 - 39 H	OURS (PE	R PAY PE	RIOD)
Thirt time of	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	
EDC Admin Fee	\$441.65	\$790.23	\$1,106.99
EDC AUTIIIT FEC	710.00	7 41.11	731.00
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$151.16	\$273.40	\$381.08
Employee	\$301.02	\$543.94	\$757.56
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$585.18	\$1,056.84	\$1,471.15
Employer	\$197.36	\$356.66	\$496.58
Employee	\$387.82	\$700.17	\$974.56
	CC ONLY	FF : 1	FARAIIV
Kaiser HMO	EE ONLY \$317.55	<u>EE+1</u> \$635.10	FAMILY \$898.67
EDC Admin Fee	\$317.55 \$10.55	\$635.10	\$898.67 \$31.66
EDC Admin ree	\$10.55	\$ 21.11	\$31.00
Total	\$328.10	\$656.21	\$930.33
Employer	\$106.63	\$213.27	\$302.36
Employee	\$221.47	\$442.94	\$627.97
	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$263.90	\$527.81	\$748.63
Employer	\$265.90 \$85.77	\$171.54	\$746.03
Employee Employee	\$85.77 \$178.13	\$171.54 \$356.27	\$243.30 \$505.32
NOTE: Employees receive \$3,000	•	•	
Benefit credits, which can be use			
Deriegie er cares, willen can be see	id to office of	riproyee co	mound

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.

(24 pay periods at \$125 each)

ACA AFFORDABLE PLAN*					
	<u>EE ONLY EE+1 FAMILY</u>				
Blue Shield PPO \$2000 ABHP	\$398.13	\$718.23	\$998.49		
EDC Admin Fee	\$10.55	\$21.11	\$31.66		
Total	\$408.68	\$739.34	\$1,030.15		
Employer	\$363.91	\$363.91	\$363.91		
Employee	\$44.77	\$375.42	\$666.23		

^{*}THIS PLAN MEETS BOTH THE MINIMUM ESSENTIAL COVERAGE (MEC) AND AFFORDABILITY REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA)

DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2016

Contributions are deducted over 24 pay periods

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

For employees in Local 1 and OE3				
(GE, PL, SU, TC, PR & CR)				
<u>EE ONLY</u> <u>EE+1</u> FAMILY				
DELTA DENTAL PPO+PREMIER \$27.14 \$48.86 \$67.				
VSP CHOICE	\$2.64	\$5.28	\$8.50	
Total	\$29.78	\$54.14	\$76.36	
Employer	\$23.82	\$43.31	\$61.08	
Employee	\$5.96	\$10.83	\$15.27	

For employees in bargaining units CA, CC & MA			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.86	\$67.86
VSP CHOICE	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$19.36	\$35.19	\$49.63
Employee	\$10.42	\$18.95	\$26.72

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)

For employees in bargaining unit SA				
<u>EE ONLY </u>				
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.86	\$67.86	
VSP CHOICE	\$2.64	\$5.28	\$8.50	
Total	\$29.78	\$54.14	\$76.36	
Employer	\$19.36	\$35.19	\$49.63	
Employee	\$10.42	\$18.95	\$26.72	

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 \$250 each)

For employees in bargaining units					
CO, EL, SN	и, им & uc)			
	EE ONLY EE+1 FAMILY				
DELTA DENTAL PPO+PREMIER \$27.14 \$48.86 \$67.86					
VSP CHOICE	\$2.64	\$5.28	\$8.50		
Total	\$29.78	\$54.14	\$76.36		
Employer	\$19.36	\$35.19	\$49.63		
Employee	\$10.42	\$18.95	\$26.72		

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)

HEALTH PLAN CONTRIBUTION RATES RETIREES

Effective January 1, 2016 - December 31, 2016

Monthly Rates and Contributions

EARLY RETIREES (PRE 65 NO MEDICARE)			
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$2000 ABHP	\$796.26		
VSP Choice	\$5.28	. ,	
EDC Admin Fee	\$21.10		\$63.31
Total	\$822.64	\$1,489.23	\$2,077.29
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$883.26	\$1,592.46	\$2,213.98
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
Total	\$909.64	\$1,645.23	\$2,294.29
	RETIREE ONLY	RETIREE+1	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,149.26	\$2,071.46	\$2,878.98
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
-	64.475.64	ć2 424 22	ć2.050.20
Total	\$1,175.64	\$2,124.23	\$2,959.29
	RETIREE ONLY		FAMILY
Kaiser HMO	\$635.10	. ,	\$1,797.34
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
	_		
Total	\$661.48	\$1,322.97	\$1,877.65
	RETIREE ONLY	RETIREE+1	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$506.70	\$1,013.40	\$1,433.94
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
Total	\$533.08	\$1,066.17	\$1,514.25

RETIREE HEALTH CONTRIBUTION (RHC)			
YEARS OF SERVICE	<u>LEVEL</u>	PRE 65	<u>65+</u>
12 THRU 14	LEVEL 1	\$338.96	\$131.97
15 THRU 19	LEVEL 2	\$513.57	\$199.96
20 +	LEVEL 3	\$688.19	\$267.94
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$1,027.15	\$399.91

^{*}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			
UHC Advantage PPO	1 IN A&B \$363.15	1 IN 1 OUT	2 IN A&B \$726.30
EDC Admin Fee	\$22.10	-	\$42.21
Total	\$385.25	\$0.00	\$768.51
This plan includes a vision component			
Kaiser Senior Advantage (KSA) EDC Admin Fee	1 IN A&B \$403.48 \$22.10	1 IN 1 OUT \$1,038.58 \$42.21	2 IN A&B \$806.95 \$42.21
Total	\$425.58	\$1,080.79	\$849.16
This plan includes a vision component			
If you elect coveragethen choose			
for yourself and you have Medicare A&I		1 IN A&B	
for yourself and 1 dependent, and one on encoled in Medicare A&B and one is no		1 IN 1 OUT	
for yourself and 1 dependent and both on enrolled in Medicare A&B	of you are		2 IN A&B

OPTIONAL DENTAL COVERAGE*			
	RETIREE ONLY	RETIREE+1	<u>FAMILY</u>
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
*if you previously dropped dental coverage, you cannot reenroll			

OPTIONAL VSP COVERAGE FOR MEDICARE RETIREES*				
<u>1 IN A&B</u> <u>1 IN 1 OUT</u> <u>2 IN A&B</u>				
VSP Choice	\$5.28	\$10.56	\$10.56	
*Medicare Retirees have the option of purchasing VSP in addition to the vision				
plan that is included with their health plan.				

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.

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2016

WITH NO RETIREE COVERAGE				
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Blue Shield PPO \$2000 ABHP	\$796.26	\$1,436.46	\$1,996.98	
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71	
VSP Choice	\$5.28	\$10.56	\$17.00	
EDC Admin Fee	\$21.10	\$42.21	\$63.31	
Total	\$876.92	\$1,586.94	\$2,213.00	
	55 OM114	FF 4	E 4 5 411 1/	
Dhia Chiald DDO \$1300 ADUD	EE ONLY	<u>EE+1</u>	FAMILY	
Blue Shield PPO \$1300 ABHP	\$883.26 \$54.28	\$1,592.46	\$2,213.98	
Delta Dental PPO+Premier VSP Choice	\$54.28 \$5.28	\$97.71 \$10.56	\$135.71 \$17.00	
	•			
EDC Admin Fee	\$21.10	\$42.21	\$63.31	
Total	\$963.92	\$1,742.94	\$2,430.00	
	EE ONLY	EE+1	FAMILY	
Blue Shield PPO \$200	\$1,149.26	\$2,071.46	\$2,878.98	
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71	
VSP Choice	\$5.28	\$10.56	\$17.00	
EDC Admin Fee	\$21.10	\$42.21	\$63.31	
Total	\$1,229.92	\$2,221.94	\$3,095.00	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Kaiser HMO	\$635.10	\$1,270.20	\$1,797.34	
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71	
VSP Choice	\$5.28	\$10.56	\$17.00	
EDC Admin Fee	\$21.10	\$42.21	\$63.31	
Total	\$715.76	\$1,420.68	\$2,013.36	
Total	Ψ7 ±3.70	Ψ1,420.00	72,013.30	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Kaiser HMO \$1300 ABHP	\$506.70	\$1,013.40	\$1,433.94	
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71	
VSP Choice	\$5.28	\$10.56	\$17.00	
EDC Admin Fee	\$21.10	\$42.21	\$63.31	
	4505.00	Å4.450.50	44 540 55	
Total	\$587.36	\$1,163.88	\$1,649.96	

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2016

WITH RETIREE COVERAGE				
	EE ONLY	EE+1	FAMILY	
Blue Shield PPO \$2000 ABHP	\$796.26	\$1,436.46	\$1,996.98	
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71	
VSP Choice	\$5.28	\$10.56	\$17.00	
EDC Admin Fee	\$21.10	\$42.21	\$63.31	
2% Fee for retiree coverage	\$17.54	\$31.74	\$44.26	
Total	\$894.46	\$1,618.68	\$2,257.26	
	7.0	7-7	, _,	
	EE ONLY	<u>EE+1</u>	FAMILY	
Blue Shield PPO \$1300 ABHP	\$883.26	\$1,592.46	\$2,213.98	
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71	
VSP Choice	\$5.28	\$10.56	\$17.00	
EDC Admin Fee	\$21.10	\$42.21	\$63.31	
2% Fee for retiree coverage	\$19.28	\$34.86	\$48.60	
Total	\$983.20	\$1,777.80	\$2,478.60	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Blue Shield PPO \$200	\$1,149.26	\$2,071.46	\$2,878.98	
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71	
VSP Choice	\$5.28	\$10.56	\$17.00	
EDC Admin Fee	\$21.10	\$42.21	\$63.31	
2% Fee for retiree coverage	\$24.60	\$44.44	\$61.90	
Total	\$1,254.52	\$2,266.38	\$3,156.90	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Kaiser HMO	\$635.10	\$1,270.20	\$1,797.34	
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71	
VSP Choice	\$5.28	\$10.56	\$17.00	
EDC Admin Fee	\$21.10	\$42.21	\$63.31	
2% Fee for retiree coverage	\$14.32	\$28.41	\$40.27	
Total	\$730.08	\$1,449.09	\$2,053.63	
	EE ONLY	<u>EE+1</u>	FAMILY	
Kaiser HMO \$1300 ABHP	\$506.70	\$1,013.40	\$1,433.94	
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71	
VSP Choice	\$5.28	\$10.56	\$17.00	
EDC Admin Fee	\$21.10	\$42.21	\$63.31	
2% Fee for retiree coverage	\$11.75	\$23.28	\$33.00	
Total	\$599.11	\$1,187.16	\$1,682.96	
	,	. ,	, , , , , ,	

HEALTH PLAN CONTRIBUTION RATES								
COBRA								
Effective J	Effective January 1, 2016							
	EE ONLY	<u>EE+1</u>	FAMILY					
Blue Shield PPO \$2000 ABHP	\$796.26		\$1,996.98					
Delta Dental PPO+Premier	\$54.28							
VSP Choice EDC Admin Fee	\$5.28 \$21.10		\$17.00 \$63.31					
2% COBRA Admin Fee	\$21.10 \$17.54	\$42.21 \$31.74	\$63.31					
2% COBRA AUTIIII FEE	\$17.54	331.74	344.20					
Total	\$894.46	\$1,618.68	\$2,257.26					
	EE ONLY	EE+1	FAMILY					
Blue Shield PPO \$1300 ABHP	\$883.26		\$2,213.98					
Delta Dental PPO+Premier	\$54.28	\$97.71						
VSP Choice	\$5.28							
EDC Admin Fee	\$21.10		-					
2% COBRA Admin Fee	\$19.28	\$34.86	\$48.60					
		·						
Total	\$983.20	\$1,777.80	\$2,478.60					
	55.01	1						
	EE ONLY		FAMILY					
Blue Shield PPO \$200	\$1,149.26							
Delta Dental PPO+Premier	\$54.28		-					
VSP Choice EDC Admin Fee	\$5.28 \$21.10	\$10.56 \$42.21	\$17.00 \$63.31					
2% COBRA Admin Fee	\$21.10	\$42.21 \$44.44	\$61.90					
2% COBRA Admini Fee	Ş24.00	344.44	301.30					
Total	\$1,254.52	\$2,266.38	\$3,156.90					
l <u>.</u>	EE ONLY	<u>EE+1</u>	FAMILY					
Kaiser HMO	\$635.10							
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71					
VSP Choice EDC Admin Fee	\$5.28 \$21.10	\$10.56 \$42.21	\$17.00					
2% COBRA Admin Fee	\$21.10	\$42.21	\$63.31 \$40.27					
2% COBRA Admini ree	314.32	\$20.41	340.27					
Total	\$730.08	\$1,449.09	\$2,053.63					
	EE ONLY	EE . 1	EVVIIIA					
Kaiser HMO \$1300 ABHP	<u>EE ONLY</u> \$506.70	<u>EE+1</u> \$1,013.40	<u>FAMILY</u> \$1,433.94					
Delta Dental PPO+Premier	\$506.70	\$1,013.40	\$1,433.94					
VSP Choice	\$5.28	\$10.56	\$133.71					
EDC Admin Fee	\$21.10	\$42.21	\$63.31					
2% COBRA Admin Fee	\$11.75	\$23.28	\$33.00					
	Ţ11.7J	Ţ 0. _ 0	+33.00					
Total	\$599.11	\$1,187.16	\$1,682.96					
Employee Assistance Program (EAP)								
\$5.55 regardles	_							
75.55 . 50ai aicos of Harrister Ciriolica								

Contributions						
Product			PPO			
Name of Plan Number of Subscribers		CSAC Blue Shield	PPO 200 - 80/60 (Active	es & Early Retirees)		
Group Number		517 E10072				
Tion	LINA Dana Data	Inner-	DALLAL (BALL (CA)	T-4-1		
Tier Single	UW Base Rate \$ 1,141.00	EBS Fee 0.50	MHN (MH/SA) \$ 8.26	Total \$ 1,149.76		
Two Party	\$ 2,056.00	\$ 0.50	\$ 15.46	\$ 2,071.96		
Family	\$ 2,857.00	\$ 0.50	\$ 21.98	\$ 2,879.48		
Product			PPO			
Name of Plan		CSAC	Blue Shield Broze Plan	ABHP		
Number of Subscribers			TBD			
Group Number						
Tier	UW Base Rate	EBS Fee	MHN (MH/SA)	Total		
Single	\$ 788.00	\$ 0.50	\$ 8.26	\$ 796.76		
Two Party Family	\$ 1,421.00 \$ 1,975.00	\$ 0.50 \$ 0.50	\$ 15.46 \$ 21.98	\$ 1,436.96 \$ 1,997.48		
i cirmy	Ψ 1,773.00	ψ 0.50	Ψ 21.70	Ψ 1,777.40		
Product		•	PPO			
Name of Plan Number of Subscribers		CS	AC Blue Shield ABHP 13 63	300		
Group Number			E10073			
Tier	UW Base Rate	EBS Fee	MHN (MH/SA)	Total		
Single	\$ 875.00	\$ 0.50	\$ 8.26	\$ 883.76		
Two Party	\$ 1,577.00	\$ 0.50	\$ 15.46	\$ 1,592.96		
Family	\$ 2,192.00	\$ 0.50	\$ 21.98	\$ 2,214.48		
Product			НМО			
Name of Plan		Kaiser I	HMO (Actives & Early R	etirees)		
Number of Subscribers			768			
Group Number			34936-0000			
Tier	Kaiser Base Rate	EBS Fee	Chiro	Total		
Single	\$ 633.24	\$ 7.25	\$ 1.86	\$ 642.35		
Two Party Family	\$ 1,266.48 \$ 1,792.08	\$ 7.25 \$ 7.25	\$ 3.72 \$ 5.26	\$ 1,277.45 \$ 1,804.59		
i diriiiy	Ψ 1,772.00	7.25	Ψ 5.20	Ψ 1,004.57		
Product		•	НМО	<u> </u>		
Name of Plan Number of Subscribers		Kaise	er HMO (Medicare Reti 83	rees)		
Group Number			34936-0001			
Ties		oup Contributions	China	Total		
Tier Sub (M)	Kaiser Base Rate \$ 401.62	EBS Fee 7.25	Chiro \$ 1.86	Total \$ 410.73		
Sub (M)+Spouse (M)	\$ 803.24	\$ 7.25	\$ 3.72	\$ 814.21		
Sub (M)+Spouse (Non-M)	\$ 1,034.86	\$ 7.25	\$ 3.72	\$ 1,045.83		
Combo Rates						
	A 401 (2)	A 7.05	A 10/	¢ 410.70		
Sub (M)	\$ 401.62 \$ 1.034.86	\$ 7.25 \$ 7.25	\$ 1.86 \$ 3.72	\$ 410.73 \$ 1.045.83		
	\$ 401.62 \$ 1,034.86 \$ 1,034.86	\$ 7.25 \$ 7.25 \$ 7.25	\$ 1.86 \$ 3.72 \$ 3.72	\$ 410.73 \$ 1,045.83 \$ 1,045.83		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M)	\$ 1,034.86 \$ 1,034.86 \$ 803.24	\$ 7.25 \$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72	\$ 1,045.83 \$ 1,045.83 \$ 814.21		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M)	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86	\$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 3.72	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Children (Non-M)	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46	\$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Children (Non-M) Sub (M)+Spouse (M)+Child (Non-M)	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,328.84	\$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 5.26	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97 \$ 1,341.35		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Children (Non-M)	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,328.84	\$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 5.26	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Children (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (Non-M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Children (Non-M)	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,328.84	\$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97 \$ 1,341.35 \$ 1,572.97 \$ 1,341.35		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Children (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M)	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,328.84 \$ 1,560.46	\$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97 \$ 1,341.35 \$ 1,572.97 \$ 1,341.35 \$ 1,572.97 \$ 1,341.35		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Children (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (Non-M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Children (Non-M)	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,328.84	\$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97 \$ 1,341.35 \$ 1,572.97 \$ 1,341.35		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Children (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M)	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,328.84 \$ 1,560.46	\$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97 \$ 1,341.35 \$ 1,572.97 \$ 1,341.35 \$ 1,572.97 \$ 1,341.35		
Sub (M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Unassigned Rates One Party >65 No Part A or B, or Part B Only One Party >65 No Part A or B, or Part B Only + One	\$ 1,034.86 \$ 10,34.86 \$ 803.24 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46	\$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (N)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Children (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Unassigned Rates One Party >65 No Part A or B, or Part B Only One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage	\$ 1,034.86 \$ 10,34.86 \$ 803.24 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46	\$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Children (Non-M) Unassigned Rates One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage One Party >65 No Part A or B, or Part B Only + One	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,560.46 \$ 1,328.84 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,760.86	\$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 3.72	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97 \$ 1,341.35 \$ 1,572.97 \$ 1,341.35 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,769.97 \$ 2,173.45		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (Non-M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Unassigned Rates One Party >65 No Part A or B, or Part B Only One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage + Child(ren) <65	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 2,162.48	\$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 3.72 \$ 5.26	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97 \$ 1,341.35 \$ 1,572.97 \$ 1,572.97 \$ 1,341.35 \$ 1,572.97 \$ 1,572.97 \$ 1,769.97 \$ 2,173.45		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Children (Non-M) Unassigned Rates One Party >65 No Part A or B, or Part B Only Party Senior Advantage One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage One Party >65 No Part A or B, or Part B Only + One	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,560.46 \$ 1,328.84 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,760.86	\$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 3.72	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97 \$ 1,341.35 \$ 1,572.97 \$ 1,341.35 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,769.97 \$ 2,173.45		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (N)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Unassigned Rates One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage + Child(ren) <65 Two Party >65 No Part A or B, or Part B Only + Child(ren) <65 Two Party >65 No Part A or B, or Part B Only + Child(ren) <65	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 2,162.48 \$ 4,047.32	\$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 3.72 \$ 3.72 \$ 3.72	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 2,173.45 \$ 2,700.59 \$ 3,532.69		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Unassigned Rates One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage + Child(ren) <65 Two Party >65 No Part A or B, or Part B Only Two Party >65 No Part A or B, or Part B Only Two Party >65 No Part A or B, or Part B Only + Child(ren) <65 Two Party >65 No Part A or B, or Part B Only + Child(ren) <65 One Party >65 Part A or B, or Part B Only + Child(ren) <65 One Party >65 Part A Only	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,328.84 \$ 1,560.46 \$ 1,328.84 \$ 1,560.46 \$ 1,328.84 \$ 1,560.46 \$ 2,162.48 \$ 3,521.72	\$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 3.72 \$ 3.72 \$ 3.72	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 2,173.45 \$ 2,700.59 \$ 3,532.69		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (Non-M)+Child (Non-M) Sub (M)+Spouse (Non-M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Unassigned Rates One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage + Child(ren) <65 Two Party >65 No Part A or B, or Part B Only + Child (Party Senior Advantage + Child(ren) <65 Two Party >65 No Part A or B, or Part B Only + Child(ren) <65 One Party >65 No Part A or B, or Part B Only + Child(ren) <65 One Party >65 Part A Only + One Party Senior	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 2,162.48 \$ 2,688.08 \$ 3,521.72 \$ 4,047.32 \$ 1,350.22	\$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 5.26	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97 \$ 1,341.35 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 2,173.45 \$ 2,700.59 \$ 3,532.69 \$ 4,059.83 \$ 1,359.33		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Child (Non-M) Sub (M)+Children (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (Non-M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Spouse	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 2,162.48 \$ 4,047.32	\$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 5.26 \$ 3.72 \$ 3.72 \$ 3.72	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 2,173.45 \$ 2,700.59 \$ 3,532.69		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Unassigned Rates One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage + Child(ren) <65 Two Party >65 No Part A or B, or Part B Only Two Party >65 No Part A or B, or Part B Only + Child(ren) <65 Two Party >65 No Part A or B, or Part B Only + Child(ren) <65 One Party >65 Part A Only + One Party Senior	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 2,162.48 \$ 2,688.08 \$ 3,521.72 \$ 4,047.32 \$ 1,350.22	\$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 1.86 \$ 3.72	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97 \$ 1,341.35 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 2,173.45 \$ 2,700.59 \$ 3,532.69 \$ 4,059.83 \$ 1,359.33		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Child (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)-Spouse (M)+Children (Non-M) Sub (M)-Spouse (M)-Children (Non-M) Sub (M)-Spouse (M)-Child (Non-M) Su	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 2,162.48 \$ 2,688.08 \$ 3,521.72 \$ 4,047.32 \$ 1,751.84 \$ 2,277.44 \$ 2,770.44	\$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 3.72 \$ 1.86 \$ 3.72 \$ 3.72 \$ 3.72	\$ 1,045.83 \$ 1,045.83 \$ 11,045.83 \$ 11,045.83 \$ 11,045.83 \$ 1,572.97 \$ 1,341.35 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 2,173.45 \$ 2,700.59 \$ 3,532.69 \$ 4,059.83 \$ 1,762.81 \$ 2,289.95 \$ 2,771.41		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (Non-M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Unassigned Rates One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage + Child(ren) <65 Two Party >65 No Part A or B, or Part B Only + Child(ren) <65 Two Party >65 No Part A or B, or Part B Only + Child(ren) <65 One Party >65 Part A Only + One Party Senior Advantage + Child(ren) <65 One Party >65 Part A Only + One Party Senior Advantage One Party >65 Part A Only + One Party Senior Advantage	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 2,162.48 \$ 1,760.86 \$ 2,162.48 \$ 2,688.08 \$ 3,521.72 \$ 4,047.32 \$ 1,751.84 \$ 2,277.44	\$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 1.86 \$ 3.72 \$ 3.72 \$ 5.26 \$ 3.72	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 2,173.45 \$ 2,700.59 \$ 3,532.69 \$ 4,059.83 \$ 1,762.81 \$ 2,289.95		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Child (Non-M) Sub (M)+Children (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Children (Non-M) Unassigned Rates One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage + Children) <65 Two Party >65 No Part A or B, or Part B Only + Children) <65 One Party >65 Part A Only + One Party Senior Advantage One Party >65 Part A Only + One Party Senior Advantage + Children) <65 Two Party >65 Part A Only + One Party Senior Advantage + Children) <65 Two Party >65 Part A Only + One Party Senior Advantage + Children) <65 Two Party >65 Part A Only + One Party Senior Advantage + Children) <65 Two Party >65 Part A Only	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 2,162.48 \$ 2,688.08 \$ 3,521.72 \$ 4,047.32 \$ 1,751.84 \$ 2,277.44 \$ 2,770.44	\$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 3.72 \$ 1.86 \$ 3.72 \$ 3.72 \$ 3.72	\$ 1,045.83 \$ 1,045.83 \$ 11,045.83 \$ 11,045.83 \$ 11,045.83 \$ 1,572.97 \$ 1,341.35 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 2,173.45 \$ 2,700.59 \$ 3,532.69 \$ 4,059.83 \$ 1,762.81 \$ 2,289.95 \$ 2,771.41		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Unassigned Rates One Party >65 No Part A or B, or Part B Only One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage One Party >65 No Part A or B, or Part B Only + One Party Senior Advantage + Child(ren) <65 Two Party >65 No Part A or B, or Part B Only + Child(ren) <65 One Party >65 Part A Only + One Party Senior Advantage One Party >65 Part A Only + One Party Senior Advantage One Party >65 Part A Only + One Party Senior Advantage + Child(ren) <65 Two Party >65 Part A Only + One Party Senior Advantage + Child(ren) <65 Two Party >65 Part A Only + One Party Senior Advantage + Child(ren) <65 Two Party >65 Part A Only	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,760.86 \$ 2,162.48 \$ 2,688.08 \$ 3,521.72 \$ 4,047.32 \$ 1,751.84 \$ 2,277.44 \$ 2,700.44 \$ 3,226.04	\$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 3.72 \$ 1.86 \$ 3.72 \$ 3.72 \$ 3.72	\$ 1,045.83 \$ 1,045.83 \$ 11,045.83 \$ 11,045.83 \$ 11,045.83 \$ 1,572.97 \$ 1,341.35 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 2,173.45 \$ 2,700.59 \$ 3,532.69 \$ 4,059.83 \$ 1,762.81 \$ 2,289.95 \$ 2,771.41		
Sub (M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Child (Non-M) Sub (M)+Children (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (Non-M)+Child (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M)+Spouse (Non-M) Sub (Non-M)+Spouse (Non-M)	\$ 1,034.86 \$ 1,034.86 \$ 803.24 \$ 1,034.86 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,560.46 \$ 1,760.86 \$ 2,162.48 \$ 2,162.48 \$ 2,162.48 \$ 2,277.44 \$ 2,277.44 \$ 2,770.44 \$ 3,226.04	\$ 7.25 \$ 7.25	\$ 3.72 \$ 3.72 \$ 3.72 \$ 5.26 \$ 1.86 \$ 3.72 \$ 5.26 \$ 3.72 \$ 5.26 \$ 3.72	\$ 1,045.83 \$ 1,045.83 \$ 814.21 \$ 1,045.83 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 1,572.97 \$ 2,173.45 \$ 2,700.59 \$ 3,532.69 \$ 4,059.83 \$ 1,762.81 \$ 2,289.95 \$ 2,771.41 \$ 3,238.55		

Group Numbe	r		34936			
Tier	Kaiser Base Rate	EBS Fee	Chiro	Total		
Single	\$ 504.90	\$ 7.25	\$ 1.80			
Two Party	\$ 1,009.80	\$ 7.25	\$ 3.60	\$ 1,020.65		
Family	\$ 1,428.86	\$ 7.25	\$ 5.08	\$ 1,441.19		
Produc			PPO			
Name of Plan			UHC Group Retiree			
Number of Subscriber			TBD			
Group Numbe	r		TBD			
Tier	UHC Base Rate	EBS Fee	Chiro	Total		
ner	инс ваѕе кате	\$ -		\$ -		
DA 4DA 4	¢ 2/2.15	2 -	¥			
PMPM	\$ 363.15		\$ -	\$ 363.15		
		\$ -	\$ -	\$ -		
Produc			Vision	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Name of Plan			CSAC EIA VSP (Sherriffs	·)		
Number of Subscribers Group Numbe			132 00112374-0003			
Group Numbe			00112374-0003			
Tier	VSP Base Rate	EBS Fee	EBS Fee	Total		
Single	\$ 5.28		\$ -	\$ 5.28		
Two Party	\$ 10.56		\$ -	\$ 10.56		
Family	\$ 17.00		\$ -	\$ 17.00		
ranily	\$ 17.00		\$ -	\$ 17.00		
Produc			Vision			
Name of Plar			CSAC EIA VSP (All Other	re)		
Number of Subscribers			1382	5)		
Group Number		00112374-0001				
	<u> </u>					
Tier	VSP Base Rate (ASO)	EBS Fee	EBS Fee	Total		
Single	\$ 5.28		\$ -	\$ 5.28		
Two Party	\$ 10.56		\$ -	\$ 10.56		
Family	\$ 17.00		\$ -	\$ 17.00		
Produc		EAP				
Name of Plar		MHN EAP				
Number of Subscriber		1749				
Group Numbe	r		6178			
Tier	MHN Base Rate	EBS Fee	EBS Fee	Total		
		\$ -	\$ -	\$ -		
Composite Rate	\$ 5.44	\$ -	\$ -	\$ 5.44		
		\$ -	\$ -	\$ -		
Produc		Dental				
Name of Plan		Delta Dental PPO				
Number of Subscriber		1525				
Group Numbe	er 353					
	I= 1:					
Tier	Delta Base Rate (ASO)		EBS Fee	Total		
Single	\$ 54.28		\$ -	\$ 54.28		
Two Party	\$ 97.71	\$ -	\$ -	\$ 97.71		
Family	\$ 135.71	\$ -	\$ -	\$ 135.71		