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	IOD)
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$441.63	\$796.23	
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>	FAMILY
Kaiser HMO	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
L	400000	4	400
Total	\$336.99	\$673.99	\$955.48
Employer	\$269.59 \$67.40	\$539.19 \$134.80	\$764.38 \$191.10
Employee	\$67.40	\$134.80	\$191.10
	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$269.05	\$538.10	\$763.20
Employer	\$209.05	\$538.10	\$610.56
Employee	\$53.81	\$450.46 \$107.62	\$152.64
Linkloyee			
	EE ONLY	<u>EE+1</u>	FAMILY
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$492.08	\$1,008.16	\$1,428.00
Employer	\$393.66	\$806.52	\$1,428.00
Employee Employee	\$98.42	\$201.63	\$285.60
Linking	750.72	7201.03	Ψ 203.00

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	3 HOURS (PI	ER PAY PE	RIOD)
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABH	P \$441.63	\$796.23	\$1,106.99
EDC Admin Fee	\$10.55	\$21.11	\$31.66
<u></u>	4	4	4
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$271.31	\$490.40	\$683.19
Employee	\$180.87	\$326.93	\$455.46
	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	ĆE0E 40	Ć1 OEC O4	Ć1 471 1F
Total	\$585.18	\$1,056.84	\$1,471.15
Employer Employee	\$351.11 \$234.07	\$634.10 \$422.73	\$882.69 \$588.46
Lilipioyee			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$336.99	\$673.99	\$955.48
Employer	\$202.19	\$404.39	\$573.29
Employee	\$134.80	\$269.59	\$382.19
	EE ONLY	EE+1	FAMILY
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
	·	•	·
Total	\$269.05	\$538.10	\$763.20
Employer	\$161.43	\$322.86	\$457.92
Employee	\$107.62	\$215.24	\$305.28
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$492.08	\$1,008.16	\$1,428.00
Employer	\$295.25	\$604.89	\$856.80
Employee	\$196.83	\$403.26	\$571.20

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 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
T-+-I	Ć452.40	6047.24	ć4 420 CF
Total	\$452.18 \$180.87	\$817.34	\$1,138.65 \$455.46
Employer	\$180.87 \$271.31	\$326.93 \$490.40	\$455.46 \$683.19
Employee	\$2/1.31	\$490.40	\$083.19
	EE ONLY	<u>EE+1</u>	FAMILY
Blue Shield PPO \$200	\$574.63	\$1,035.73	
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	EE+1	FAMILY
Kaiser HMO	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Tatal	\$336.99	¢672.00	ĆOEE 40
Total	\$336.99	\$673.99 \$269.59	\$955.48 \$382.19
Employer Employee	\$134.60 \$202.19	\$404.39	\$573.29
Limpioyee			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$269.05	\$538.10	\$763.20
Employer	\$107.62	\$215.24	\$305.28
Employee	\$161.43	\$322.86	\$457.92
	EE ONLY	<u>EE+1</u>	FAMILY
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	Ć40 EE	\$21.11	\$31.66
EDC Admin Fee	\$10.55	721.11	402.00
Total Employer	\$10.55 \$492.08 \$196.83	\$1,008.16 \$403.26	\$1,428.00 \$571.20

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+ HOU	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	EE+1	FAMILY	
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49	
EDC Admin Fee	\$10.55	\$21.11	\$31.66	
	7-2	¥	70=.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 ONLY	<u>EE+1</u>	FAMILY	
Kaiser HMO	\$326.44	\$652.88	\$923.83	
EDC Admin Fee	\$10.55	\$21.11	\$31.66	
Total	\$336.99	\$673.99	\$955.48	
Employer	\$219.04	\$438.09	\$621.06	
Employee	\$117.95	\$235.89	\$334.42	
	EE ONLY	<u>EE+1</u>	FAMILY	
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55	
EDC Admin Fee	\$10.55	\$21.11	\$31.66	
Total	\$269.05	\$538.10	\$763.20	
Employer	, \$174.88	\$349.76	\$496.08	
Employee	\$94.17	\$188.33	\$267.12	
	EE ONLY	EE+1	FAMILY	
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35	
EDC Admin Fee	\$10.55	\$21.11	\$31.66	
Total	\$492.08	\$1,008.16	\$1,428.00	
Employer	\$319.85	\$655.30	\$928.20	
Employee	\$172.23	\$352.85	\$499.80	
NOTE: Employees receive \$6,000		<u> </u>		
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>	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	\$220.44	\$398.45	\$555.09	
Employee	\$231.74	\$418.88	\$583.56	
	EE ONLY	<u>EE+1</u>	FAMILY	
Blue Shield PPO \$200	\$574.63	\$1,035.73		
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	\$326.44	\$652.88	\$923.83	
EDC Admin Fee	\$10.55	\$21.11	\$31.66	
Total	\$336.99	\$673.99	\$955.48	
Employer	\$164.28	\$328.57	\$465.80	
Employee	\$172.71	\$345.42	\$489.68	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55	
EDC Admin Fee	\$10.55	\$21.11	\$31.66	
Total	\$269.05	\$538.10	\$763.20	
Employer	\$131.16	\$262.32	\$372.06	
Employee	\$137.89	\$275.77	\$391.14	
	EE ONLY	<u>EE+1</u>	FAMILY	
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35	
EDC Admin Fee	\$10.55	\$21.11	\$31.66	
Total	\$492.08	\$1,008.16	\$1,428.00	
Employer	\$239.89	\$491.48	\$696.15	
Employee	\$252.19	\$516.68	\$731.85	
NOTE: Employees receive \$4,500		•	-	
Benefit credits, which can be used to offset employee contributions.				
(24 pay periods at \$188 each)				

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
Takal	Ć452.40	Ć047.24	Ć1 120 CE
Total	\$452.18	\$817.34	\$1,138.65
Employer Employee	\$146.96 \$305.22	\$265.63 \$551.70	\$370.06 \$768.59
Linployee	3303.ZZ	3331.70	\$700.55
_	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	EE+1	FAMILY
Kaiser HMO	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$336.99	\$673.99	\$955.48
Employer	\$109.52	\$219.05	\$310.53
Employee	\$227.47	\$454.94	\$644.95
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$269.05	\$538.10	\$763.20
Employer	\$209.03	\$174.88	\$248.04
Employee Employee	\$181.61	\$363.21	\$515.16
	EE ONLY	<u>EE+1</u>	FAMILY
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	\$10.55	\$21.11	\$31.66
	, _ 1.3 3	, 	7
Total	\$492.08	\$1,008.16	\$1,428.00
Employer	\$159.92	\$327.65	\$464.10
Employee	\$332.15	\$680.50	\$963.90
NOTE: Employees receive \$3,000 over 24 pay periods in Optional			
Benefit credits, which can be use	ed to offset e	mployee con	tributions.

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)

For employees in bargaining units

SA

Effective January 1, 2016

Contributions are deducted over 24 pay periods

FULL TIME 64+ HOL	JRS (PER	PAY PERI	IOD)	
	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	
Tatal	Ć452.40	Ć047.24	Ć1 120 CE	
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>	FAMILY	
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49	
EDC Admin Fee	\$10.55	\$21.11	\$31.66	
T-4-1	ĆE05 40	Ć4 0EC 04	64 474 45	
Total	\$585.18 \$380.37	\$1,056.84	\$1,471.15 \$956.24	
Employer Employee	\$380.37 \$204.81	\$686.94 \$369.89	\$956.24 \$514.90	
Employee	3204.01	\$303.63	Ş 514. 50	
	EE ONLY	<u>EE+1</u>	FAMILY	
Kaiser HMO	\$326.44	\$652.88	\$923.83	
EDC Admin Fee	\$10.55	\$21.11	\$31.66	
	4005.00	45=0.00	40== 40	
Total	\$336.99	\$673.99	\$955.48	
Employer	\$219.04	\$438.09	\$621.06	
Employee	\$117.95	\$235.89	\$334.42	
	EE ONLY	<u>EE+1</u>	FAMILY	
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55	
EDC Admin Fee	\$10.55	\$21.11	\$31.66	
Total	\$269.05	\$538.10	\$763.20	
Employer	\$174.88	\$349.76	\$496.08	
Employee	\$94.17	\$188.33	\$267.12	
	EE ONLY	<u>EE+1</u>	FAMILY	
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35	
EDC Admin Fee	\$10.55	\$21.11	\$31.66	
Total	\$492.08	\$1,008.16	\$1,428.00	
Employer	\$319.85	\$655.30	\$928.20	
Employee	\$172.23	\$352.85	\$499.80	
NOTE: Employees receive \$4,108				
Benefit credits, which can be used to offset employee contributions.				
(24 pay periods at \$171.17 each)	(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 H	OURS (PE	R PAY PE	RIOD)	
	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	\$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	\$283.28 \$299.90	\$541.63	\$753.96	
			•	
	EE ONLY	<u>EE+1</u>	FAMILY	
Kaiser HMO	\$326.44	\$652.88	\$923.83	
EDC Admin Fee	\$10.55	\$21.11	\$31.66	
Total	\$336.99	\$673.99	\$955.48	
Employer	\$164.28	\$328.57	\$465.80	
Employee	\$172.71	\$345.42	\$489.68	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55	
EDC Admin Fee	\$10.55	\$21.11	\$31.66	
Total	\$269.05	\$538.10	\$763.20	
Employer	\$131.16	\$262.32	\$372.06	
Employee	\$137.89	\$275.77	\$391.14	
	EE ONLY	EE+1	FAMILY	
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35	
EDC Admin Fee	\$10.55	\$21.11	\$31.66	
Total	\$492.08	\$1,008.16	\$1,428.00	
Employer	\$239.89	\$491.48	\$696.15	
Employee	\$252.19	\$516.68	\$731.85	
NOTE: Employees receive \$3,081				
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	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	\$190.18	\$343.47	\$478.12
Employee	\$395.00	\$713.36	\$993.02
	EE ONLY	EE+1	FAMILY
Kaiser HMO	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$336.99	\$673.99	\$955.48
Employer	\$109.52	\$219.05	\$310.53
Employee	\$227.47	\$454.94	\$644.95
	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$269.05	\$538.10	\$763.20
Employer	\$87.44	\$174.88	\$248.04
Employee	\$181.61	\$363.21	\$515.16
	EE ONLY	<u>EE+1</u>	FAMILY
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$492.08	\$1,008.16	\$1,428.00
Employer	\$159.92	\$327.65	\$464.10
Employee	\$332.15	\$680.50	\$963.90
NOTE: Employees receive \$2,054			
Benefit credits, which can be use	a to offset e	пприоуее соп	นามนนอกร.
(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+ HOU	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
T-4-1	ć 452 40	6047.24	Ć4 420 CE
Total	\$452.18	\$817.34	\$1,138.65
Employer	\$302.32	\$546.80	\$762.17
Employee	\$149.86	\$270.54	\$376.48
	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	\$394.72	\$713.33	\$993.17
Employee	\$190.46	\$343.51	\$477.98
		-	
l	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$336.99	\$673.99	\$955.48
Employer	\$219.04	\$438.09	\$621.06
Employee	\$117.95	\$235.89	\$334.42
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$269.05	\$538.10	\$763.20
Employer	\$174.88	\$349.76	\$496.08
Employee	\$94.17	\$188.33	\$267.12
	EE ONLY	EE+1	FAMILY
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$492.08	\$1,008.16	\$1,428.00
Employer	\$326.32	\$669.06	\$948.24
Employee	\$165.76	\$339.10	\$479.76
NOTE: Employees receive \$6,000 Benefit credits, which can be use			
(24 pay periods at \$250 each)	u to ojjset e	inployee coll	נו וטענוטווס.
(24 pay perious 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 H	OURS (PE	R PAY PE	RIOD)
	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	\$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	\$326.44	\$652.88	\$923.83
EDC Admin Fee	\$10.55	\$21.11	\$31.66
	Ψ20.00	¥==:==	Ψ02.00
Total	\$336.99	\$673.99	\$955.48
Employer	\$164.28	\$328.57	\$465.80
Employee	\$172.71	\$345.42	\$489.68
	EE ONLY	EE+1	FAMILY
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.55
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$269.05	\$538.10	\$763.20
Employer	\$131.16	\$262.32	\$372.06
Employee	\$137.89	\$275.77	\$391.14
	EE ONLY	EE+1	FAMILY
United Healthcare HMO	\$481.53	\$987.05	\$1,396.35
EDC Admin Fee	\$10.55	\$21.11	\$31.66
		. –	,
Total	\$492.08	\$1,008.16	\$1,428.00
Employer	\$244.74	\$501.80	\$711.18
	\$247.34		\$716.82
Employee			
Employee NOTE: Employees receive \$4,500		periods in O	ptional
	over 24 pay	•	•

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)
	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	\$151.16	\$273.40	\$381.08
Employee	\$301.02	\$543.94	\$757.56
	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$200	\$574.63	\$1,035.73	
EDC Admin Fee	\$10.55	\$21.11	\$31.6
Total	\$585.18	\$1,056.84	\$1,471.1
Employer	\$197.36	\$356.66	\$496.5
Employee	\$387.82	\$700.17	\$974.5
	EE ONLY	EE+1	FAMILY
Kaiser HMO	\$326.44	\$652.88	\$923.8
EDC Admin Fee	\$10.55	\$21.11	\$31.6
Total	\$336.99	\$673.99	\$955.4
Employer	\$109.52	\$219.05	\$310.5
Employee	\$227.47	\$454.94	\$644.9
	EE ONLY	EE+1	FAMILY
Kaiser HMO \$1300 ABHP	\$258.50	\$516.99	\$731.5
EDC Admin Fee	\$10.55	\$21.11	\$31.6
Total	\$269.05	\$538.10	\$763.2
Employer	\$87.44	\$174.88	\$248.0
Employee	\$181.61	\$363.21	\$515.1
	EE ONLY	EE+1	FAMILY
United Healthcare HMO	\$481.53	\$987.05	\$1,396.3
EDC Admin Fee	\$10.55	\$21.11	\$31.6
Total	\$492.08	\$1,008.16	\$1,428.0
Employer	\$163.16	\$334.53	\$474.1
Employee	\$328.92	\$673.63	\$953.8
NOTE: Employees receive \$3,000		•	•
Benefit credits, which can be use	ed to offset e	mployee con	tributions.
(24 pay periods at \$125 each)			

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.

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For employees in Local 1 and OE3				
(GE, PL, SU,	(GE, PL, SU, TC, PR & CR)			
<u>EE ONLY</u> <u>EE+1</u> <u>FAMILY</u>				
DELTA DENTAL PPO+PREMIER	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	\$23.82	\$43.31	\$61.08	
Employee	\$5.96	\$10.83	\$15.27	

For employees in bargaining units CA, CC & MA				
<u>EE ONLY EE+1 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 units					
CO, EL, SM	CO, EL, SM, UM & UD				
<u>EE ONLY</u> <u>EE+1</u> <u>FAMILY</u>					
DELTA DENTAL PPO+PREMIER	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 ir	n bargaininį	g units	
S	SA		
	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 \$4,108 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	EARLY RETIREES (PRE 65 NO MEDICARE)			
	RETIREE ONLY	RETIREE+1	FAMILY	
Blue Shield PPO \$1300 ABHP	\$883.26			
VSP Choice	\$5.28		\$17.00	
EDC Admin Fee	\$21.10	\$42.21	\$63.31	
Total	\$909.64	\$1,645.23	\$2,294.29	
	RETIREE ONLY	RETIREE+1	FAMILY	
Blue Shield PPO \$200	\$1,149.26			
VSP Choice	\$5.28	\$10.56	\$17.00	
EDC Admin Fee	\$21.10	\$42.21	\$63.31	
Total	\$1,175.64	\$2,124.23	\$2,959.29	
	RETIREE ONLY	RETIREE+1	FAMILY	
Kaiser HMO	\$652.88	\$1,305.76	\$1,847.65	
VSP Choice	\$5.28	\$10.56	\$17.00	
EDC Admin Fee	\$21.10	\$42.21	\$63.31	
Total	\$679.26	\$1,358.53	\$1,927.96	
	RETIREE ONLY	RETIREE+1	<u>FAMILY</u>	
Kaiser HMO \$1300 ABHP	\$517.00	\$1,033.98	\$1,463.09	
VSP Choice	\$5.28	\$10.56	\$17.00	
EDC Admin Fee	\$21.10	\$42.21	\$63.31	
Total	\$543.38	\$1.086.75	\$1,543,40	
lotai	\$543.38	\$1,086.75	\$1,543.40	
	RETIREE ONLY	RETIREE+1		
United Healthcare HMO	\$963.05			
VSP Choice	\$5.28	\$10.56	\$17.00	
EDC Admin Fee	\$21.10	\$42.21	\$63.31	
Total	\$989.43	\$2,026.87	\$2,873.00	

RETIREE HEALTH CONTRIBUTION (RHC)			
YEARS OF SERVICE	<u>LEVEL</u>	PRE 65	<u>65+</u>
12 THRU 14	LEVEL 1	\$273.43	\$181.99
15 THRU 19	LEVEL 2	\$414.29	\$275.74
20 +	LEVEL 3	\$555.15	\$369.49
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$828.59	\$551.47

^{*}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.

MEDICAR	E RETIREES		
Blue Shield PPO \$1300 ABHP VSP Choice EDC Admin Fee	1 IN A&B \$790.92 \$5.28 \$22.10		2 IN A&B \$1,499.34 \$10.56 \$42.21
Total	\$818.30	\$1,527.11	\$1,552.11
Blue Shield PPO \$200 w/EGWP VSP Choice EDC Admin Fee	1 IN A&B \$737.92 \$5.28 \$22.10		2 IN A&B \$1,499.34 \$10.56 \$42.21
Total	\$765.30	\$1,938.11	\$1,552.11
Kaiser Senior Advantage (KSA)* EDC Admin Fee	1 IN A&B \$403.48 \$22.10	1 IN 1 OUT \$1,057.90 \$42.21	2 IN A&B \$806.95 \$42.21
Total	\$425.58	\$1,100.11	\$849.16
*Kaiser vision is included in the Kaiser Se	enior Advantag	e plan	
If you elect coverage		•••	then choose.
for yourself and you have Medicare A&I	3		1 IN A&B
for yourself and 1 dependent, and one c enrolled 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	
*KSA 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>	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
Total	\$963.92	\$1,742.94	\$2,430.00
Total	3903.32	\$1,742.34	32, 4 30.00
	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
	Ψ21.10	γ.=.==	ψ00.01
Total	\$1,229.92	\$2,221.94	\$3,095.00
	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO	\$652.88	\$1,305.76	\$1,847.65
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
T-1-1	6722 54	64 AEC 34	62.0C2.C7
Total	\$733.54	\$1,456.24	\$2,063.67
	EE ONLY	FF : 1	FANAULY
Kaiser HMO \$1300 ABHP	EE ONLY \$517.00	<u>EE+1</u> \$1,033.98	<u>FAMILY</u> \$1,463.09
Delta Dental PPO+Premier	\$517.00	\$1,033.98	\$1,465.09
VSP Choice	\$54.28 \$5.28	\$10.56	\$135.71
EDC Admin Fee	\$21.10	\$42.21	\$63.31
LDC Admini Fee	Ş21.10	742.21	JUJ.J1
Total	\$597.66	\$1,184.46	\$1,679.11
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$963.05	\$1,974.10	\$2,792.69
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	\$1,043.71	\$2,124.58	\$3,008.71

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2016

WITH RETIREE COVERAGE			
	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>	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
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>	FAMILY
Kaiser HMO	\$652.88	\$1,305.76	\$1,847.65
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	\$14.67	\$29.12	\$41.27
Total	\$748.21	\$1,485.36	\$2,104.94
	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO \$1300 ABHP	\$517.00	\$1,033.98	\$1,463.09
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	\$11.95	\$23.69	\$33.58
Total	\$609.61	\$1,208.15	\$1,712.69
	EE ONLY	<u>EE+1</u>	FAMILY
United Healthcare HMO	\$963.05	\$1,974.10	\$2,792.69
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	\$20.87	\$42.49	\$60.17
Total	\$1,064.58	\$2,167.07	\$3,068.88

HEALTH PLAN CONTRIBUTION RATES			
COBRA			
Effective Ja	anuary 1, 20	016	
	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 \$48.60
2% COBRA Admin Fee	\$19.28	\$34.86	\$48.60
Total	\$983.20	\$1,777.80	\$2,478.60
	EE ONLY	FF : 1	FANGULY
Bloochield BBO \$300	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$200	\$1,149.26		\$2,878.98
Delta Dental PPO+Premier VSP Choice	\$54.28 \$5.28	\$97.71 \$10.56	\$135.71 \$17.00
EDC Admin Fee	\$3.28	\$42.21	\$63.31
2% COBRA Admin Fee	\$21.10	\$42.21 \$44.44	\$61.90
2/0 COBRA AUTIIII FEE	\$24.00	344.44	301.30
Total	\$1,254.52	\$2,266.38	\$3,156.90
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$652.88	\$1,305.76	\$1,847.65
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% COBRA Admin Fee	\$14.67	\$29.12	\$41.27
Total	\$748.21	\$1,485.36	\$2,104.94
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$517.00	\$1,033.98	\$1,463.09
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% COBRA Admin Fee	\$11.95	\$23.69	\$33.58
Total	\$609.61	\$1,208.15	\$1,712.69
	EE ONLY	<u>EE+1</u>	FAMILY
United Healthcare HMO	\$963.05	\$1,974.10	\$2,792.69
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
	\$20.87	\$42.49	\$60.17
2% COBRA Admin Fee	φ20.07	-	•

					- 11ON #3		
Drawland	C	<u>ontributions</u>	DDO				
Product Name of Plan		CSAC Blue Shield	PPO PPO 200 - 80/60 (Active	es & Early Retirees)			
Number of Subscribers	CSAC Blue Shield PPO 200 - 80/60 (Actives & Early Retirees) 458						
Group Number			E10072				
Tier			MHN (MH/SA)	Total			
Single	\$ 1,141.00 \$ 2,056.00	\$ 0.50	\$ 8.26	\$ 1,149.76			
Two Party Family	\$ 2,056.00 \$ 2,857.00		\$ 15.46 \$ 21.98	\$ 2,071.96 \$ 2,879.48			
i diriiiy	\$ 2,037.00	ψ 0.30	\$ 21.70	\$ 2,077.40			
Product			PPO				
Name of Plan Number of Subscribers		CSAC Blue Shield P	PO 200 - 80/60 (Medic	are Retirees) EGWP			
Group Number	103 E10072						
		I					
Tier One in Medicare A & B	UW Base Rate \$ 731.00		MHN (MH/SA) \$ 6.92	Total \$ 738.42			
One in Medicare A & B and one not on Medicare	\$ 1,872.00		\$ 13.34	\$ 1,885.84			
Two in Medicare	\$ 1,461.00		\$ 13.34	\$ 1,474.84			
Retiree+Spouse with Deps (1 Medicare)	\$ 2,673.00		\$ 19.19	\$ 2,692.69			
Retiree+Spouse with Deps (2 Medicare)	\$ 2,262.00	\$ 0.50	\$ 19.19	\$ 2,281.69			
Product			PPO				
Name of Plan		CS	AC Blue Shield ABHP 13	300			
Number of Subscribers Group Number			63 E10073				
Group Number							
Tier		EBS Fee	MHN (MH/SA)	Total			
Single Two Party	\$ 875.00 \$ 1,577.00		\$ 8.26 \$ 15.46	\$ 883.76 \$ 1,592.96			
Family	\$ 1,577.00		\$ 21.98	\$ 1,592.96			
	2,1,2.30	3.30	21.70				
Product			PPO				
Name of Plan Number of Subscribers		CS.	AC Blue Shield ABHP 13 13	300			
Group Number			E10073				
Tion	UW Base Rate	EDC Foo	MALINI (MALLICA)	Total			
Tier Single	\$784	EBS Fee 0.50	MHN (MH/SA) \$ 6.92	\$ 791.42			
2 Party	\$1,486	\$ 0.50		\$ 1,499.84			
Family	n/a		n/a	\$ -			
2 Party (1 Medicare, 1 Without)	\$1,461	\$ 0.50	\$ 13.34	\$ 1,474.84			
Family (1 Medicare, 2 Without) Family (2 Medicare, 1 Without)	\$2,163 \$2,101	\$ 0.50 \$ 0.50	\$ 19.19 \$ 19.19	\$ 2,182.69 \$ 2,120.69			
Talliny (2 Medicare, 1 Without)	Ψ2,101	ψ 0.30	17.17	ψ 2,120.07			
Product			НМО				
Name of Plan Number of Subscribers		Kaiser HMO (Actives & Early Retirees) 709					
Group Number			34936-0000				
Tier							
	Vaicor Raco Dato	EDS EOO	Chiro	Total			
	Kaiser Base Rate \$ 651.02	EBS Fee	Chiro \$ 1.86	Total \$ 660.13			
Single Two Party							
Single	\$ 651.02	\$ 7.25 \$ 7.25	\$ 1.86	\$ 660.13			
Single Two Party Family	\$ 651.02 \$ 1,302.05	\$ 7.25 \$ 7.25	\$ 1.86 \$ 3.71 \$ 5.25	\$ 660.13 \$ 1,313.01			
Single Two Party	\$ 651.02 \$ 1,302.05	\$ 7.25 \$ 7.25 \$ 7.25	\$ 1.86 \$ 3.71	\$ 660.13 \$ 1,313.01 \$ 1,854.90			
Single Two Party Family Product Name of Plan Number of Subscribers	\$ 651.02 \$ 1,302.05 \$ 1,842.40	\$ 7.25 \$ 7.25 \$ 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retii	\$ 660.13 \$ 1,313.01 \$ 1,854.90			
Single Two Party Family Product Name of Plan	\$ 651.02 \$ 1,302.05 \$ 1,842.40	\$ 7.25 \$ 7.25 \$ 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retir	\$ 660.13 \$ 1,313.01 \$ 1,854.90			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number	\$ 651.02 \$ 1,302.05 \$ 1,842.40 Gro Kaiser Base Rate	\$ 7.25 \$ 7.25 \$ 7.25 Kaise Up Contributions EBS Fee	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retin 83 34936-0001	\$ 660.13 \$ 1,313.01 \$ 1,854.90 rees)			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M)	\$ 651.02 \$ 1,302.05 \$ 1,842.40 Gro Kaiser Base Rate \$ 401.62	\$ 7.25 \$ 7.25 \$ 7.25 Kaise Up Contributions EBS Fee \$ 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retii 83 34936-0001 Chiro \$ 1.86	\$ 660.13 \$ 1,313.01 \$ 1,854.90 rees)			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M) Sub (M)+Spouse (M)	\$ 651.02 \$ 1,302.05 \$ 1,842.40	\$ 7.25 \$ 7.25 \$ 7.25 Kaise Up Contributions EBS Fee \$ 7.25 \$ 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retin 83 34936-0001 Chiro \$ 1.86 \$ 3.71	\$ 660.13 \$ 1,313.01 \$ 1,854.90 rees) Total \$ 410.73 \$ 814.20			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M)	\$ 651.02 \$ 1,302.05 \$ 1,842.40 Gro Kaiser Base Rate \$ 401.62	\$ 7.25 \$ 7.25 \$ 7.25 Kaise Up Contributions IEBS Fee \$ 7.25 \$ 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retin 83 34936-0001 Chiro \$ 1.86 \$ 3.71	\$ 660.13 \$ 1,313.01 \$ 1,854.90 rees)			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M) Sub (M)+Spouse (M) Sub (M)+Spouse (Non-M) Combo Rates Sub (M)	\$ 651.02 \$ 1,302.05 \$ 1,842.40 Gro Kaiser Base Rate \$ 401.62 \$ 803.24 \$ 1,052.65 \$ 401.62	\$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retinal 83 34936-0001 Chiro \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86	\$ 660.13 \$ 1,313.01 \$ 1,854.90 rees) Total \$ 410.73 \$ 814.20			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M) + Spouse (M) Sub (M) + Spouse (Non-M) Combo Rates Sub (M) Sub (M) + Spouse (Non-M)	\$ 651.02 \$ 1,302.05 \$ 1,842.40	\$ 7.25 \$ 7.25 \$ 7.25 Kalse Up Contributions EBS Fee \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retin 83 34936-0001 Chiro \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71	\$ 660.13 \$ 1,313.01 \$ 1,854.90 Tees) Total \$ 410.73 \$ 814.20 \$ 1,065.15 \$ 410.73			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M) Sub (M)+Spouse (M) Sub (M)+Spouse (Non-M) Combo Rates Sub (M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M)	\$ 651.02 \$ 1,302.05 \$ 1,842.40	\$ 7.25 \$ 7.25 \$ 7.25 Kaise Wigney Contributions EBS Fee \$ 7.25 \$ 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retin 83 34936-0001 Chiro \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71 \$ 3.71	\$ 660.13 \$ 1,313.01 \$ 1,854.90 (rees) (Total \$ 410.73 \$ 814.20 \$ 1,065.15 \$ 410.73 \$ 1,063.61 \$ 1,063.61			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M) Sub (M)+Spouse (M) Sub (M)+Spouse (Non-M) Combo Rates Sub (M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M)	\$ 651.02 \$ 1,302.05 \$ 1,842.40	\$ 7.25 \$ 7.25 \$ 7.25 Kaise Dup Contributions EBS Fee \$ 7.25 \$ 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retii 83 34936-0001 Chiro \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71 \$ 3.71	\$ 660.13 \$ 1,313.01 \$ 1,854.90 Total \$ 410.73 \$ 814.20 \$ 1,065.15 \$ 410.73 \$ 1,063.60 \$ 1,063.60 \$ 814.20			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M) Sub (M)+Spouse (M) Sub (M)+Spouse (Non-M) Combo Rates Sub (M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M)	\$ 651.02 \$ 1,302.05 \$ 1,842.40	\$ 7.25 \$	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retinal 83 34936-0001 Chiro \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71 \$ 3.71 \$ 3.71	\$ 660.13 \$ 1,313.01 \$ 1,854.90 (rees) (Total \$ 410.73 \$ 814.20 \$ 1,065.15 \$ 410.73 \$ 1,063.61 \$ 1,063.61			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M) Sub (M)+Spouse (M) Sub (M)+Spouse (Non-M) Combo Rates Sub (M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M)	\$ 651.02 \$ 1,302.05 \$ 1,842.40	\$ 7.25 \$ 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retinal 83 34936-0001 Chiro \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71 \$ 3.71 \$ 3.71 \$ 3.71 \$ 3.71	\$ 660.13 \$ 1,313.01 \$ 1,854.90 rees) Total \$ 410.73 \$ 814.20 \$ 1,065.15 \$ 410.73 \$ 1,063.61 \$ 1,063.60 \$ 814.20 \$ 1,063.60			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M) Sub (M)+Spouse (M) Sub (M)+Spouse (Non-M) Combo Rates Sub (M) Sub (M)+Spouse (Mon-M) Sub (M)+Spouse (Mon-M) Sub (M)+Spouse (Mon-M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Children (Non-M) Sub (M)+Spouse (M) Sub (M)+Children (Non-M) Sub (M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Spouse (M)-Child (Non-M) Sub (M)+Spouse (M)-Child (Non-M)	\$ 651.02 \$ 1,302.05 \$ 1,842.40	\$ 7.25 \$ 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retination 183 34936-0001 Chiro \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71 \$ 3.71 \$ 3.71 \$ 3.71 \$ 3.71 \$ 3.71 \$ 5.25	\$ 660.13 \$ 1,313.01 \$ 1,854.90 Total \$ 410.73 \$ 814.20 \$ 1,065.15 \$ 410.73 \$ 1,063.61 \$ 1,063.61 \$ 1,063.60 \$ 814.20 \$ 1,063.61 \$ 1,063.60 \$ 1,356.09 \$ 1,356.09 \$ 1,605.50			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M) Sub (M)+Spouse (M) Sub (M)+Spouse (Non-M) Combo Rates Sub (M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M)	\$ 651.02 \$ 1,302.05 \$ 1,842.40	\$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retination 183 34936-0001 Chiro \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71 \$ 5.25	\$ 660.13 \$ 1,313.01 \$ 1,854.90 Tees) Total \$ 410.73 \$ 814.20 \$ 1,065.15 \$ 410.73 \$ 1,063.61 \$ 1,063.60 \$ 1,63.60 \$ 1,63.60 \$ 1,63.60 \$ 1,605.50 \$ 1,605.50 \$ 1,605.50 \$ 1,605.50			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M) Sub (M)+Spouse (M) Sub (M)+Spouse (Non-M) Combo Rates Sub (M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (Non-M)+Spouse (Non-M)+Spouse (Non-M) Sub (M)+Spouse (Non-M)+Spouse (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)	\$ 651.02 \$ 1,302.05 \$ 1,842.40	\$ 7.25 \$ 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retination 83) 34936-0001 Chiro \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71 \$ 5.25 \$ 5.25 \$ 5.25	\$ 660.13 \$ 1,313.01 \$ 1,854.90 Total \$ 410.73 \$ 814.20 \$ 1,065.15 \$ 1,063.61 \$ 1,063.60 \$ 814.20 \$ 1,063.60 \$ 1,605.50 \$ 1,356.09 \$ 1,605.49 \$ 1,356.09			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M) Sub (M)+Spouse (M) Sub (M)+Spouse (Non-M) Combo Rates Sub (M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M)	\$ 651.02 \$ 1,302.05 \$ 1,842.40	S 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retination 83) 34936-0001 Chiro \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71 \$ 5.25 \$ 5.25 \$ 5.25	\$ 660.13 \$ 1,313.01 \$ 1,854.90 Tees) Total \$ 410.73 \$ 814.20 \$ 1,065.15 \$ 410.73 \$ 1,063.61 \$ 1,063.60 \$ 1,63.60 \$ 1,63.60 \$ 1,63.60 \$ 1,605.50 \$ 1,605.50 \$ 1,605.50 \$ 1,605.50			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M) Sub (M)+Spouse (M) Sub (M)+Spouse (Mon-M) Combo Rates Sub (M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Mon-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)+Children (Non-M) Sub (M)+Spouse (Non-M)+Children (Non-M) Sub (M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M)	\$ 651.02 \$ 1,302.05 \$ 1,842.40	S 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO (Medicare Retination 183) 34936-0001 Chiro \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25	\$ 660.13 \$ 1,313.01 \$ 1,854.90 rees) Total \$ 410.73 \$ 814.20 \$ 1,065.15 \$ 410.73 \$ 1,063.60 \$ 1,063.61 \$ 1,063.60 \$ 814.20 \$ 1,65.50 \$ 1,356.09 \$ 1,605.50 \$ 1,605.50 \$ 1,605.50			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M) Sub (M)+Spouse (M) Sub (M)+Spouse (Non-M) Combo Rates Sub (M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Mon-M) Sub (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 (Non-M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M)	\$ 651.02 \$ 1,302.05 \$ 1,842.40	\$ 7.25 \$ 7.25 \$ 7.25 \$ 7.25 Kalse Up Contributions EBS Fee \$ 7.25 \$ 7.25 \$ 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retires 83	\$ 660.13 \$ 1,313.01 \$ 1,854.90 rees) Total \$ 410.73 \$ 814.20 \$ 1,065.15 \$ 410.73 \$ 1,063.60 \$ 1,063.61 \$ 1,063.60 \$ 814.20 \$ 1,65.50 \$ 1,356.09 \$ 1,605.50 \$ 1,605.50 \$ 1,605.50			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M) Sub (M)+Spouse (M) Sub (M)+Spouse (Mon-M) Sub (M)+Spouse (Non-M) Combo Rates Sub (M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Mon-M) Sub (M)+Spouse (Mon-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 (Non-M)+Spouse (M)+Child (Non-M)	\$ 651.02 \$ 1,302.05 \$ 1,842.40 Second Health	\$ 7.25 \$ 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retination 183) 34936-0001 Chiro \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71 \$ 3.71 \$ 3.71 \$ 3.71 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25	\$ 660.13 \$ 1,313.01 \$ 1,854.90 Tees) Total \$ 410.73 \$ 814.20 \$ 1,065.15 \$ 410.73 \$ 1,063.61 \$ 1,063.60 \$ 814.20 \$ 1,063.60 \$ 1,605.50 \$ 1,356.09 \$ 1,605.50 \$ 1,605.50 \$ 1,605.50 \$ 1,605.50 \$ 1,779.13			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M) Sub (M)+Spouse (M) Sub (M)+Spouse (Mon-M) Combo Rates Sub (M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Mon-M) Sub (M)+Spouse (Mon-M) Sub (Mon-M)+Spouse (M) Sub (M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M)	\$ 651.02 \$ 1,302.05 \$ 1,842.40	\$ 7.25 \$ 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retination 183) 34936-0001 Chiro \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71 \$ 3.71 \$ 3.71 \$ 3.71 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25	\$ 660.13 \$ 1,313.01 \$ 1,854.90 Total \$ 410.73 \$ 814.20 \$ 1,065.15 \$ 410.73 \$ 1,063.61 \$ 1,063.60 \$ 814.20 \$ 1,605.50 \$ 1,605.50 \$ 1,605.50 \$ 1,605.50 \$ 1,605.50 \$ 1,605.50			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M) Sub (M)+Spouse (M) Sub (M)+Spouse (Mon-M) Sub (M)+Spouse (Non-M) Combo Rates Sub (M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Mon-M) Sub (M)+Spouse (Mon-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 (Non-M)+Spouse (M)+Child (Non-M)	\$ 651.02 \$ 1,302.05 \$ 1,842.40 Second Health	\$ 7.25 \$ 7.25	\$ 1.86 \$ 3.71 \$ 5.25 HMO (Medicare Retinal 83) 34936-0001 Chiro \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25	\$ 660.13 \$ 1,313.01 \$ 1,854.90 Tees) Total \$ 410.73 \$ 814.20 \$ 1,065.15 \$ 410.73 \$ 1,063.61 \$ 1,063.60 \$ 814.20 \$ 1,063.60 \$ 1,605.50 \$ 1,356.09 \$ 1,605.50 \$ 1,605.50 \$ 1,605.50 \$ 1,605.50 \$ 1,779.13			
Single Two Party Family Product Name of Plan Number of Subscribers Group Number Tier Sub (M) Sub (M)+Spouse (M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (Non-M) Sub (M)+Spouse (M) Sub (M)+Spouse (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 (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (N)+Children (Non-M) Sub (M)+Spouse (N)+Spouse (N)+Children (Non-M) Sub (M)+Spouse (N)+Spouse (N)+Children (Non-M) Sub (M)+Spouse (N)+Spouse (N)+Children (Non-M) Sub (N)+Spouse (N)+Spouse (N)+Children (Non-M) Sub (N)+Spouse (N)+Sp	\$ 651.02 \$ 1,302.05 \$ 1,842.40	S	\$ 1.86 \$ 3.71 \$ 5.25 HMO er HMO (Medicare Retination 183) 34936-0001 Chiro \$ 1.86 \$ 3.71 \$ 5.25 \$ 1.86 \$ 3.71 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25 \$ 5.25	\$ 660.13 \$ 1,313.01 \$ 1,854.90 Tees) Total \$ 410.73 \$ 814.20 \$ 1,065.15 \$ 410.73 \$ 1,063.61 \$ 1,063.60 \$ 814.20 \$ 1,63.60 \$ 1,605.50 \$ 1,605.50 \$ 1,605.50 \$ 1,605.50 \$ 1,779.13			

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Two Party >65 No Part A or B, or Part B Only + Child(ren)						
<65	\$ 4,080.39	\$ 7.25	\$ 5.25	\$ 4,092.89		
One Party >65 Part A Only	\$ 1,360.37	\$ 7.25	\$ 1.86	\$ 1,369.48		
One Party >65 Part A Only + One Party Senior						
Advantage	\$ 1,761.99	\$ 7.25	\$ 3.71	\$ 1,772.95		
One Party >65 Part A Only+ One Party Senior						
Advantage + Child(ren) <65	\$ 2,302.34	\$ 7.25	\$ 5.25	\$ 2,314.84		
Two Party >65 Part A Only	\$ 2,720.74	\$ 7.25	\$ 3.71	\$ 2,731.70		
Two Party >65 Part A Only + Child(ren) <65	\$ 3,261.09	\$ 7.25	\$ 5.25	\$ 3,273.59		
Product			HMO			
Name of Plan		Kaiser HMO S	51300 HDHP (Actives & I	Early Retirees)		
Number of Subscribers			8			
Group Number			34936			
Tier	Kaiser Base Rate	EBS Fee	Chiro	Total		
Single	\$ 515.20	\$ 7.25	\$ 1.80	\$ 524.25		
Two Party	\$ 1,030.39	\$ 7.25	\$ 3.59	\$ 1,041.23		
Family	\$ 1,458.01	\$ 7.25				
. 9						
Product			НМО			
Name of Plan		UHC F	IMO (Actives & Early Re	etirees)		
Number of Subscribers Group Number			179 402750			
Group Number			402750			
Tier	UHC Base Rate	EBS Fee	Chiro	Total		
Single	\$ 963.05	\$ 7.25	\$ -	\$ 970.30		
Two Party	\$ 1,974.10	\$ 7.25	\$ -	\$ 1,981.35		
Family	\$ 2,792.69	\$ 7.25	\$ -	\$ 2,799.94		
Product			Vision			
Name of Plan Number of Subscribers			VSP (Sherriffs) 73			
Group Number						
Tier	VSP Base Rate	EBS Fee	EBS Fee	Total		
Single	\$ 5.28 \$ 10.56		\$ -	\$ 5.28 \$ 10.56		
Two Party	\$ 10.56 \$ 17.00		\$ - \$ -			
Family	\$ 17.00		\$ -	\$ 17.00		
Product			Vision			
Name of Plan			VSP (All Others)			
Number of Subscribers			979			
Group Number	00112374-0001					
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		
Product						
Name of Plan						
Number of Subscribers Group Number						
Group Number			0170			
Tier	MHN Base Rate	EBS Fee	EBS Fee	Total		
		\$ -	\$ -	\$ -		
Composite Rate	\$ 5.44	\$ -	\$ -	\$ 5.44		
		\$ -	\$ -	\$ -		
Product			Dental			
Product Name of Plan	Dental Delta Dental PPO					
Number of Subscribers	1525					
Group Number			353			
Tina	D-H- D D : (4.55)	EDC E	Inno n	IT-1-1		
Tier Single	Delta Base Rate (ASO) \$ 54.28	\$ -	EBS Fee \$ -	Total \$ 54.28		
Two Party	\$ 97.71	\$ -	\$ -	\$ 97.71		
Family	\$ 135.71	\$ -	\$ -	\$ 135.71		