For employees in Local 1 and OE3 (GE, PL, SU, TC, PR & CR)

Effective July 23, 2016

Contributions are deducted over 24 pay periods

FULL TIME 64+ HOU	IRS (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	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$359.86	\$650.10	\$905.28
Employee	\$89.97	\$162.53	\$226.32
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$466.26	\$841.70	\$1,171.28
Employee	\$116.57	\$210.43	\$292.82
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$252.76	\$505.52	\$716.44
Employee	\$63.19	\$126.38	\$179.11
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$261.55	\$523.10	\$741.58
Employer	\$209.24	\$418.48	\$593.26
Employee	\$52.31	\$104.62	\$148.32

For employees in Local 1 and OE3 (GE, PL, SU, TC, PR & CR)

Effective July 23, 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	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$269.90	\$487.58	\$678.96
Employee	\$179.93	\$325.05	\$452.64
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$349.70	\$631.28	\$878.46
Employee	\$233.13	\$420.85	\$585.64
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$189.57	\$379.14	\$537.33
Employee	\$126.38	\$252.76	\$358.22
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$261.55	\$523.10	\$741.58
Employer	\$156.93	\$313.86	\$444.95
Employee	\$104.62	\$209.24	\$296.63

For employees in Local 1 and OE3 (GE, PL, SU, TC, PR & CR)

Effective July 23, 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	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$179.93	\$325.05	\$452.64
Employee	\$269.90	\$487.58	\$678.96
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$233.13	\$420.85	\$585.64
Employee	\$349.70	\$631.28	\$878.46
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$126.38	\$252.76	\$358.22
Employee	\$189.57	\$379.14	\$537.33
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$261.55	\$523.10	\$741.58
Employer	\$104.62	\$209.24	\$296.63
Employee	\$156.93	\$313.86	\$444.95

For employees in bargaining units CA, CC & MA

Effective July 23, 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	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$292.39	\$528.21	\$735.54
Employee	\$157.44	\$284.42	\$396.06
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$378.84	\$683.88	\$951.67
Employee	\$203.99	\$368.25	\$512.44
	EE ONLY	EE+1	FAMILY
Kaiser HMO	EE ONLY \$307.75	<u>EE+1</u> \$615.50	<u>FAMILY</u> \$870.94
Kaiser HMO EDC Admin Fee	EE ONLY \$307.75 \$8.20		
	\$307.75	\$615.50	\$870.94
	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$307.75 \$8.20	\$615.50 \$16.40	\$870.94 \$24.61
EDC Admin Fee Total	\$307.75 \$8.20 \$315.95	\$615.50 \$16.40 \$631.90	\$870.94 \$24.61 \$895.55
EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$205.37 \$110.58	\$615.50 \$16.40 \$631.90 \$410.74 \$221.17	\$870.94 \$24.61 \$895.55 \$582.11 \$313.44
EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$205.37	\$615.50 \$16.40 \$631.90 \$410.74	\$870.94 \$24.61 \$895.55 \$582.11
EDC Admin Fee Total Employer Employee	\$307.75 \$8.20 \$315.95 \$205.37 \$110.58 <u>EE ONLY</u>	\$615.50 \$16.40 \$631.90 \$410.74 \$221.17 <u>EE+1</u>	\$870.94 \$24.61 \$895.55 \$582.11 \$313.44 FAMILY
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP	\$307.75 \$8.20 \$315.95 \$205.37 \$110.58 <u>EE ONLY</u> \$253.35	\$615.50 \$16.40 \$631.90 \$410.74 \$221.17 <u>EE+1</u> \$506.70	\$870.94 \$24.61 \$895.55 \$582.11 \$313.44 FAMILY \$716.97
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP	\$307.75 \$8.20 \$315.95 \$205.37 \$110.58 <u>EE ONLY</u> \$253.35	\$615.50 \$16.40 \$631.90 \$410.74 \$221.17 <u>EE+1</u> \$506.70	\$870.94 \$24.61 \$895.55 \$582.11 \$313.44 FAMILY \$716.97
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee	\$307.75 \$8.20 \$315.95 \$205.37 \$110.58 <u>EE ONLY</u> \$253.35 \$8.20	\$615.50 \$16.40 \$631.90 \$410.74 \$221.17 <u>EE+1</u> \$506.70 \$16.40	\$870.94 \$24.61 \$895.55 \$582.11 \$313.44 FAMILY \$716.97 \$24.61
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee Total	\$307.75 \$8.20 \$315.95 \$205.37 \$110.58 <u>EE ONLY</u> \$253.35 \$8.20 \$261.55	\$615.50 \$16.40 \$631.90 \$410.74 \$221.17 <u>EE+1</u> \$506.70 \$16.40 \$523.10	\$870.94 \$24.61 \$895.55 \$582.11 \$313.44 FAMILY \$716.97 \$24.61 \$741.58

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 July 23, 2016

Contributions are deducted over 24 pay periods

PART TIME 40 - 63 H	IOURS (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	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$219.29	\$396.16	\$551.66
Employee	\$230.54	\$416.47	\$579.95
	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$284.13	\$512.91	\$713.75
' '			
Employee	\$298.70	\$539.22	\$750.35
	\$298.70 EE ONLY	\$539.22 EE+1	\$750.35 <u>FAMILY</u>
Employee	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Employee Kaiser HMO	EE ONLY \$307.75 \$8.20	EE+1 \$615.50 \$16.40	FAMILY \$870.94 \$24.61
Employee Kaiser HMO EDC Admin Fee	EE ONLY \$307.75	EE+1 \$615.50	FAMILY \$870.94
Employee Kaiser HMO EDC Admin Fee Total	EE ONLY \$307.75 \$8.20 \$315.95	EE+1 \$615.50 \$16.40 \$631.90	FAMILY \$870.94 \$24.61 \$895.55
Employee Kaiser HMO EDC Admin Fee Total Employer	EE ONLY \$307.75 \$8.20 \$315.95 \$154.03	EE+1 \$615.50 \$16.40 \$631.90 \$308.05	FAMILY \$870.94 \$24.61 \$895.55 \$436.58
Employee Kaiser HMO EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$154.03 \$161.92	EE+1 \$615.50 \$16.40 \$631.90 \$308.05 \$323.85	FAMILY \$870.94 \$24.61 \$895.55 \$436.58 \$458.97
Employee Kaiser HMO EDC Admin Fee Total Employer Employee	\$307.75 \$8.20 \$315.95 \$154.03 \$161.92 EE ONLY	EE+1 \$615.50 \$16.40 \$631.90 \$308.05 \$323.85 EE+1	\$870.94 \$24.61 \$895.55 \$436.58 \$458.97 \$AMILY
Employee Kaiser HMO EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP	\$307.75 \$8.20 \$315.95 \$154.03 \$161.92 \$EE ONLY \$253.35	EE+1 \$615.50 \$16.40 \$631.90 \$308.05 \$323.85 EE+1 \$506.70	FAMILY \$870.94 \$24.61 \$895.55 \$436.58 \$458.97 FAMILY \$716.97
Employee Kaiser HMO EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee	EE ONLY \$307.75 \$8.20 \$315.95 \$154.03 \$161.92 EE ONLY \$253.35 \$8.20	EE+1 \$615.50 \$16.40 \$631.90 \$308.05 \$323.85 EE+1 \$506.70 \$16.40	FAMILY \$870.94 \$24.61 \$895.55 \$436.58 \$458.97 FAMILY \$716.97 \$24.61

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)

For employees in bargaining units CA, CC & MA

Effective July 23, 2016

Contributions are deducted over 24 pay periods

EE ONLY \$441.63 \$8.20	<u>EE+1</u> \$796.23	<u>FAMILY</u>
-	\$796.23	
¢0.20	Ţ. J J.=J	\$1,106.99
\$8.20	\$16.40	\$24.61
ć440.02	Ć012 G2	ć1 121 CO
•	•	\$1,131.60
•	-	\$367.77
\$303.64	\$548.53	\$763.83
EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
\$574.63	\$1,035.73	\$1,439.49
\$8.20	\$16.40	\$24.61
\$582.83	\$1.052.13	\$1,464.10
\$189.42	\$341.94	\$475.83
\$393.41	\$710.19	\$988.27
EE ONLY	EE+1	FAMILY
\$307.75	\$615.50	\$870.94
\$8.20	\$16.40	\$24.61
		\$895.55
•	•	\$291.05
\$213.27	\$426.53	\$604.50
EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
\$253.35	\$506.70	\$716.97
\$8.20	\$16.40	\$24.61
	ć 52 2.40	\$741.58
\$261.55	\$523.10	\$741.50
\$261.55 \$85.00	\$523.10 \$170.01	\$241.01
	\$574.63 \$8.20 \$582.83 \$189.42 \$393.41 EE ONLY \$307.75 \$8.20 \$315.95 \$102.68 \$213.27 EE ONLY \$253.35	\$146.19 \$264.10 \$303.64 \$548.53 EE ONLY EE+1 \$574.63 \$1,035.73 \$8.20 \$16.40 \$582.83 \$1,052.13 \$189.42 \$341.94 \$393.41 \$710.19 EE ONLY EE+1 \$307.75 \$615.50 \$8.20 \$16.40 \$315.95 \$631.90 \$102.68 \$205.37 \$213.27 \$426.53 EE ONLY EE+1 \$506.70

(24 pay periods at \$125 each)

For employees in bargaining units

SA

Effective July 23, 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	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$292.39	\$528.21	\$735.54
Employee	\$157.44	\$284.42	\$396.06
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$378.84	\$683.88	\$951.67
Employee	\$203.99	\$368.25	\$512.44
	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO	EE ONLY \$307.75	<u>EE+1</u> \$615.50	FAMILY \$870.94
Kaiser HMO EDC Admin Fee			
	\$307.75 \$8.20	\$615.50 \$16.40	\$870.94 \$24.61
EDC Admin Fee Total	\$307.75 \$8.20 \$315.95	\$615.50 \$16.40 \$631.90	\$870.94 \$24.61 \$895.55
EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$205.37	\$615.50 \$16.40 \$631.90 \$410.74	\$870.94 \$24.61 \$895.55 \$582.11
EDC Admin Fee Total	\$307.75 \$8.20 \$315.95	\$615.50 \$16.40 \$631.90	\$870.94 \$24.61 \$895.55
EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$205.37	\$615.50 \$16.40 \$631.90 \$410.74	\$870.94 \$24.61 \$895.55 \$582.11
EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$205.37 \$110.58	\$615.50 \$16.40 \$631.90 \$410.74 \$221.17	\$870.94 \$24.61 \$895.55 \$582.11 \$313.44
EDC Admin Fee Total Employer Employee	\$307.75 \$8.20 \$315.95 \$205.37 \$110.58 EE ONLY	\$615.50 \$16.40 \$631.90 \$410.74 \$221.17 EE+1	\$870.94 \$24.61 \$895.55 \$582.11 \$313.44 FAMILY
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP	\$307.75 \$8.20 \$315.95 \$205.37 \$110.58 EE ONLY \$253.35	\$615.50 \$16.40 \$631.90 \$410.74 \$221.17 <u>EE+1</u> \$506.70	\$870.94 \$24.61 \$895.55 \$582.11 \$313.44 FAMILY \$716.97
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP	\$307.75 \$8.20 \$315.95 \$205.37 \$110.58 EE ONLY \$253.35	\$615.50 \$16.40 \$631.90 \$410.74 \$221.17 <u>EE+1</u> \$506.70	\$870.94 \$24.61 \$895.55 \$582.11 \$313.44 FAMILY \$716.97
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$205.37 \$110.58 EE ONLY \$253.35 \$8.20 \$261.55 \$170.01	\$615.50 \$16.40 \$631.90 \$410.74 \$221.17 EE+1 \$506.70 \$16.40 \$523.10 \$340.02	\$870.94 \$24.61 \$895.55 \$582.11 \$313.44 FAMILY \$716.97 \$24.61 \$741.58 \$482.03
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee Total Employer Employee	\$307.75 \$8.20 \$315.95 \$205.37 \$110.58 EE ONLY \$253.35 \$8.20 \$261.55 \$170.01 \$91.54	\$615.50 \$16.40 \$631.90 \$410.74 \$221.17 EE+1 \$506.70 \$16.40 \$523.10 \$340.02 \$183.09	\$870.94 \$24.61 \$895.55 \$582.11 \$313.44 FAMILY \$716.97 \$24.61 \$741.58 \$482.03 \$259.55
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$205.37 \$110.58 EE ONLY \$253.35 \$8.20 \$261.55 \$170.01 \$91.54 over 24 pay	\$615.50 \$16.40 \$631.90 \$410.74 \$221.17 EE+1 \$506.70 \$16.40 \$523.10 \$340.02 \$183.09 periods in Option	\$870.94 \$24.61 \$895.55 \$582.11 \$313.44 FAMILY \$716.97 \$24.61 \$741.58 \$482.03 \$259.55 otional

(24 pay periods at \$171.17 each)

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS. PLEASE SEE THE DENTAL AND VISION

For employees in bargaining units

SA

Effective July 23, 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	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$219.29	\$396.16	\$551.66
Employee	\$230.54	\$416.47	\$579.95
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$284.13	\$512.91	\$713.75
Employee	\$298.70	\$539.22	\$750.35
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	EE ONLY \$307.75	<u>EE+1</u> \$615.50	FAMILY \$870.94
Kaiser HMO EDC Admin Fee	·		
	\$307.75 \$8.20	\$615.50 \$16.40	\$870.94 \$24.61
EDC Admin Fee Total	\$307.75 \$8.20 \$315.95	\$615.50 \$16.40 \$631.90	\$870.94 \$24.61 \$895.55
EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$154.03	\$615.50 \$16.40 \$631.90 \$308.05	\$870.94 \$24.61 \$895.55 \$436.58
EDC Admin Fee Total	\$307.75 \$8.20 \$315.95	\$615.50 \$16.40 \$631.90	\$870.94 \$24.61 \$895.55
EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$154.03	\$615.50 \$16.40 \$631.90 \$308.05	\$870.94 \$24.61 \$895.55 \$436.58
EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$154.03 \$161.92	\$615.50 \$16.40 \$631.90 \$308.05 \$323.85	\$870.94 \$24.61 \$895.55 \$436.58 \$458.97
EDC Admin Fee Total Employer Employee	\$307.75 \$8.20 \$315.95 \$154.03 \$161.92 EE ONLY	\$615.50 \$16.40 \$631.90 \$308.05 \$323.85 <u>EE+1</u>	\$870.94 \$24.61 \$895.55 \$436.58 \$458.97 FAMILY
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP	\$307.75 \$8.20 \$315.95 \$154.03 \$161.92 <u>EE ONLY</u> \$253.35	\$615.50 \$16.40 \$631.90 \$308.05 \$323.85 <u>EE+1</u> \$506.70	\$870.94 \$24.61 \$895.55 \$436.58 \$458.97 FAMILY \$716.97
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP	\$307.75 \$8.20 \$315.95 \$154.03 \$161.92 <u>EE ONLY</u> \$253.35	\$615.50 \$16.40 \$631.90 \$308.05 \$323.85 <u>EE+1</u> \$506.70	\$870.94 \$24.61 \$895.55 \$436.58 \$458.97 FAMILY \$716.97
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$154.03 \$161.92 EE ONLY \$253.35 \$8.20 \$261.55 \$127.51	\$615.50 \$16.40 \$631.90 \$308.05 \$323.85 <u>EE+1</u> \$506.70 \$16.40 \$523.10 \$255.01	\$870.94 \$24.61 \$895.55 \$436.58 \$458.97 FAMILY \$716.97 \$24.61 \$741.58 \$361.52
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee Total Employer Employee	\$307.75 \$8.20 \$315.95 \$154.03 \$161.92 EE ONLY \$253.35 \$8.20 \$261.55 \$127.51 \$134.04	\$615.50 \$16.40 \$631.90 \$308.05 \$323.85 EE+1 \$506.70 \$16.40 \$523.10 \$255.01 \$268.09	\$870.94 \$24.61 \$895.55 \$436.58 \$458.97 FAMILY \$716.97 \$24.61 \$741.58 \$361.52 \$380.06
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$154.03 \$161.92 EE ONLY \$253.35 \$8.20 \$261.55 \$127.51 \$134.04 ************************************	\$615.50 \$16.40 \$631.90 \$308.05 \$323.85 <u>EE+1</u> \$506.70 \$16.40 \$523.10 \$255.01 \$268.09 periods in Option	\$870.94 \$24.61 \$895.55 \$436.58 \$458.97 FAMILY \$716.97 \$24.61 \$741.58 \$361.52 \$380.06

(24 pay periods at \$128.38 each)

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS. PLEASE SEE THE DENTAL AND VISION

For employees in bargaining units

SA

Effective July 23, 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	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$146.19	\$264.10	\$367.77
Employee	\$303.64	\$548.53	\$763.83
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$189.42	\$341.94	\$475.83
Employee	\$393.41	\$710.19	\$988.27
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	EE ONLY \$307.75	<u>EE+1</u> \$615.50	FAMILY \$870.94
Kaiser HMO EDC Admin Fee			
	\$307.75 \$8.20	\$615.50 \$16.40	\$870.94 \$24.61
EDC Admin Fee Total	\$307.75 \$8.20 \$315.95	\$615.50 \$16.40 \$631.90	\$870.94 \$24.61 \$895.55
EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$102.68	\$615.50 \$16.40 \$631.90 \$205.37	\$870.94 \$24.61 \$895.55 \$291.05
EDC Admin Fee Total	\$307.75 \$8.20 \$315.95	\$615.50 \$16.40 \$631.90	\$870.94 \$24.61 \$895.55
EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$102.68	\$615.50 \$16.40 \$631.90 \$205.37	\$870.94 \$24.61 \$895.55 \$291.05
EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$102.68 \$213.27	\$615.50 \$16.40 \$631.90 \$205.37 \$426.53	\$870.94 \$24.61 \$895.55 \$291.05 \$604.50
EDC Admin Fee Total Employer Employee	\$307.75 \$8.20 \$315.95 \$102.68 \$213.27 EE ONLY	\$615.50 \$16.40 \$631.90 \$205.37 \$426.53 <u>EE+1</u>	\$870.94 \$24.61 \$895.55 \$291.05 \$604.50 FAMILY
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP	\$307.75 \$8.20 \$315.95 \$102.68 \$213.27 <u>EE ONLY</u> \$253.35	\$615.50 \$16.40 \$631.90 \$205.37 \$426.53 <u>EE+1</u> \$506.70	\$870.94 \$24.61 \$895.55 \$291.05 \$604.50 FAMILY \$716.97
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee Total	\$307.75 \$8.20 \$315.95 \$102.68 \$213.27 EE ONLY \$253.35 \$8.20 \$261.55	\$615.50 \$16.40 \$631.90 \$205.37 \$426.53 EE+1 \$506.70 \$16.40 \$523.10	\$870.94 \$24.61 \$895.55 \$291.05 \$604.50 FAMILY \$716.97 \$24.61 \$741.58
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$102.68 \$213.27 EE ONLY \$253.35 \$8.20 \$261.55 \$85.00	\$615.50 \$16.40 \$631.90 \$205.37 \$426.53 EE+1 \$506.70 \$16.40 \$523.10 \$170.01	\$870.94 \$24.61 \$895.55 \$291.05 \$604.50 FAMILY \$716.97 \$24.61 \$741.58 \$241.01
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee Total Employer Employee	\$307.75 \$8.20 \$315.95 \$102.68 \$213.27 EE ONLY \$253.35 \$8.20 \$261.55 \$85.00 \$176.55	\$615.50 \$16.40 \$631.90 \$205.37 \$426.53 EE+1 \$506.70 \$16.40 \$523.10 \$170.01 \$353.09	\$870.94 \$24.61 \$895.55 \$291.05 \$604.50 FAMILY \$716.97 \$24.61 \$741.58 \$241.01 \$500.57
EDC Admin Fee Total Employer Employee Kaiser HMO \$1300 ABHP EDC Admin Fee Total Employer	\$307.75 \$8.20 \$315.95 \$102.68 \$213.27 EE ONLY \$253.35 \$8.20 \$261.55 \$85.00 \$176.55	\$615.50 \$16.40 \$631.90 \$205.37 \$426.53 EE+1 \$506.70 \$16.40 \$523.10 \$170.01 \$353.09 periods in Option	\$870.94 \$24.61 \$895.55 \$291.05 \$604.50 FAMILY \$716.97 \$24.61 \$741.58 \$241.01 \$500.57

(24 pay peri<u>ods at \$85.58 each)</u>

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS. PLEASE SEE THE DENTAL AND VISION

For employees in bargaining units CO, EL, SM, UM & UD

Effective July 23, 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	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$299.97	\$542.09	\$755.12
Employee	\$149.86	\$270.54	\$376.48
	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$200	\$574.63	\$1,035.73	
EDC Admin Fee	\$8.20	\$16.40	\$24.61
	·	·	·
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$392.37	\$708.62	\$986.12
Employee	\$190.46	\$343.51	\$477.98
	EE ONLY	EE+1	FAMILY
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
	70.20	γ = 01.10	,
Total	\$315.95	\$631.90	\$895.55
Employer	\$205.37	\$410.74	\$582.11
Employee	\$110.58	\$221.17	\$313.44
	EE ONLY	EE+1	FAMILY
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
	70.20	γ = 01.10	,
Total	\$261.55	\$523.10	\$741.58
Employer	\$170.01	\$340.02	\$482.03
Employee	\$91.54	\$183.09	\$259.55
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 July 23, 2016

Contributions are deducted over 24 pay periods

PART TIME 40 - 63 H	OURS (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	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$224.98	\$406.57	\$566.34
Employee	\$224.85	\$406.06	\$565.26
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$294.28	\$531.47	\$739.59
Employee	\$288.55	\$520.67	\$724.51
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$154.03	\$308.05	\$436.58
Employee	\$161.92	\$323.85	\$458.97
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$261.55	\$523.10	\$741.58
Employer	\$127.51	\$255.01	\$361.52
Employee	\$134.04	\$268.09	\$380.06
NOTE: Employees receive \$4,500			
Benefit credits, which can be used	d to offset ei	mployee cont	ributions.
(24 pay periods at \$188 each)			

For employees in bargaining units CO, EL, SM, UM & UD

Effective July 23, 2016

Contributions are deducted over 24 pay periods

PART TIME 32 - 39 H	OURS (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	\$8.20	\$16.40	\$24.61
Total	\$449.83	\$812.63	\$1,131.60
Employer	\$149.99	\$271.05	\$377.56
Employee	\$299.85	\$541.59	\$754.04
	EE ONLY	<u>EE+1</u>	FAMILY
Blue Shield PPO \$200	\$574.63	\$1,035.73	\$1,439.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$582.83	\$1,052.13	\$1,464.10
Employer	\$196.19	\$354.31	\$493.06
Employee	\$386.65	\$697.82	\$971.04
	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO	\$307.75	\$615.50	\$870.94
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$315.95	\$631.90	\$895.55
Employer	\$102.68	\$205.37	\$291.05
Employee	\$213.27	\$426.53	\$604.50
	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO \$1300 ABHP	\$253.35	\$506.70	\$716.97
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$261.55	\$523.10	\$741.58
Employer	\$85.00	\$170.01	\$241.01
Employee	\$176.55	\$353.09	\$500.57
NOTE: Employees receive \$3,000		•	
Benefit credits, which can be use	ea to offset ei	mpioyee cont	ributions.
(24 pay periods at \$125 each)			

Effective July 23, 2016

ACA AFFORDABLE PLAN*					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
Blue Shield PPO \$2000 ABHP	\$398.13	\$718.23	\$998.49		
EDC Admin Fee	\$8.20	\$16.40	\$24.61		
Total	\$406.33	\$734.63	\$1,023.10		
Employer	\$361.56	\$361.56	\$361.56		
Employee	\$44.77	\$373.07	\$661.54		

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

RETIREES

Effective July 23, 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	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$817.94	\$1,479.82	\$2,063.20
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$883.26		
VSP Choice	\$5.28		\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
	7	7	7
Total	\$904.94	\$1,635.82	\$2,280.20
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$200	\$1,149.26		
VSP Choice	\$5.28		\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$1,170.94	\$2,114.82	\$2,945.20
	RETIREE ONLY	RETIREE+1	FAMILY
Kaiser HMO	\$615.50	\$1,231.00	\$1,741.88
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$637.18	\$1,274.36	\$1,808.10
	RETIREE ONLY	RETIREE+1	FAMILY
Kaiser HMO \$1300 ABHP	\$506.70		
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
	Ψ20.10	ψ3 Ξ.30	y .3.22
Total	\$528.38	\$1,056.76	\$1,500.16

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 EDC Admin Fee	1 IN A&B \$363.15 \$16.40	1 IN 1 OUT - -	2 IN A&B \$726.30 \$32.80	
Total This plan includes a vision component	\$379.55	\$0.00	\$759.10	
Kaiser Senior Advantage (KSA) EDC Admin Fee	1 IN A&B \$403.48 \$16.40	1 IN 1 OUT \$1,018.98 \$32.80	2 IN A&B \$806.95 \$32.80	
Total <i>This plan includes a vision component</i>	\$419.88	\$1,051.78	\$839.75	
If you elect coveragethen choos				
for yourself and you have Medicare A&B		1 IN A&B		
for yourself and 1 dependent, and one o enrolled in Medicare A&B and one is not		1 IN 1 OUT		
for yourself and 1 dependent and both of you are enrolled in Medicare A&B 2 IN A				

OPTIONAL DENTAL COVERAGE*				
	RETIREE ONLY	RETIREE+1	FAMILY	
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 pla	an.			

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 July 23, 2016

EE ONLY EE+1 FAMIL'
Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17. EDC Admin Fee \$16.40 \$32.80 \$49. Total \$872.22 \$1,577.53 \$2,198. Blue Shield PPO \$1300 ABHP \$883.26 \$1,592.46 \$2,213. Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17. EDC Admin Fee \$16.40 \$32.80 \$49. Total \$959.22 \$1,733.53 \$2,415. Total \$959.22 \$1,733.53 \$2,415. EE ONLY EE+1 FAMIL' Blue Shield PPO \$200 \$1,149.26 \$2,071.46 \$2,878. Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17.
VSP Choice \$5.28 \$10.56 \$17.1 EDC Admin Fee \$16.40 \$32.80 \$49. Total \$872.22 \$1,577.53 \$2,198. Blue Shield PPO \$1300 ABHP \$883.26 \$1,592.46 \$2,213. Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17.0 EDC Admin Fee \$16.40 \$32.80 \$49. Total \$959.22 \$1,733.53 \$2,415. Blue Shield PPO \$200 \$1,149.26 \$2,071.46 \$2,878. Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17.0
EDC Admin Fee \$16.40 \$32.80 \$49. Total \$872.22 \$1,577.53 \$2,198. Blue Shield PPO \$1300 ABHP \$883.26 \$1,592.46 \$2,213. Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17. EDC Admin Fee \$16.40 \$32.80 \$49. Total \$959.22 \$1,733.53 \$2,415. Blue Shield PPO \$200 \$1,149.26 \$2,071.46 \$2,878. Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17.
Total \$872.22 \$1,577.53 \$2,198. Blue Shield PPO \$1300 ABHP \$883.26 \$1,592.46 \$2,213. Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17. EDC Admin Fee \$16.40 \$32.80 \$49. Total \$959.22 \$1,733.53 \$2,415. Blue Shield PPO \$200 \$1,149.26 \$2,071.46 \$2,878. Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17.
EE ONLY EE+1 FAMIL'
EE ONLY EE+1 FAMIL'
Blue Shield PPO \$1300 ABHP \$883.26 \$1,592.46 \$2,213. Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17. EDC Admin Fee \$16.40 \$32.80 \$49. Total \$959.22 \$1,733.53 \$2,415. EE ONLY EE+1 FAMIL Blue Shield PPO \$200 \$1,149.26 \$2,071.46 \$2,878. Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17.
Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17. EDC Admin Fee \$16.40 \$32.80 \$49. Total \$959.22 \$1,733.53 \$2,415. EE ONLY EE+1 FAMIL Blue Shield PPO \$200 \$1,149.26 \$2,071.46 \$2,878. Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17.
VSP Choice \$5.28 \$10.56 \$17.1 EDC Admin Fee \$16.40 \$32.80 \$49. Total \$959.22 \$1,733.53 \$2,415. Blue Shield PPO \$200 \$1,149.26 \$2,071.46 \$2,878. Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17.4
EDC Admin Fee \$16.40 \$32.80 \$49. Total \$959.22 \$1,733.53 \$2,415. Blue Shield PPO \$200 \$1,149.26 \$2,071.46 \$2,878. Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17.
Total \$959.22 \$1,733.53 \$2,415. Blue Shield PPO \$200 \$1,149.26 \$2,071.46 \$2,878. Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17.
EE ONLY EE+1 FAMIL Blue Shield PPO \$200 \$1,149.26 \$2,071.46 \$2,878. Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17.
EE ONLY EE+1 FAMIL Blue Shield PPO \$200 \$1,149.26 \$2,071.46 \$2,878. Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17.
Blue Shield PPO \$200 \$1,149.26 \$2,071.46 \$2,878. Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17.0
Delta Dental PPO+Premier \$54.28 \$97.71 \$135. VSP Choice \$5.28 \$10.56 \$17.0
VSP Choice \$5.28 \$10.56 \$17.
EDC Admin Fee \$16.40 \$32.80 \$49.
Tatal
Total \$1,225.22 \$2,212.53 \$3,080.
<u>EE ONLY </u>
Kaiser HMO \$615.50 \$1,231.00 \$1,741.
Delta Dental PPO+Premier \$54.28 \$97.71 \$135.
VSP Choice \$5.28 \$10.56 \$17.
EDC Admin Fee \$16.40 \$32.80 \$49.
Total \$691.46 \$1,372.07 \$1,943.
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
<u>EE ONLY EE+1 FAMIL</u>
Kaiser HMO \$1300 ABHP \$506.70 \$1,013.40 \$1,433.
Delta Dental PPO+Premier \$54.28 \$97.71 \$135.
VSP Choice \$5.28 \$10.56 \$17.
EDC Admin Fee \$16.40 \$32.80 \$49.
Total \$582.66 \$1,154.47 \$1,635.

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective July 23, 2016

WITH RETIREE COVERAGE					
	EE ONLY	EE+1	<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	\$16.40	\$32.80	\$49.22		
2% Fee for retiree coverage	\$17.44	\$31.55	\$43.98		
Total	\$889.66	\$1,609.08	\$2,242.89		
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
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	\$16.40	\$32.80	\$49.22		
2% Fee for retiree coverage	\$19.18	\$34.67	\$48.32		
Total	\$978.40	\$1,768.20	\$2,464.23		
	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	\$16.40	\$32.80	\$49.22		
2% Fee for retiree coverage	\$24.50	\$44.25	\$61.62		
Total	\$1,249.72	\$2,256.78	\$3,142.53		
		<u> </u>			
	EE ONLY	EE+1	FAMILY		
Kaiser HMO	\$615.50	\$1,231.00	\$1,741.88		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71		
VSP Choice	\$5.28	\$10.56	\$17.00		
EDC Admin Fee	\$16.40	\$32.80	\$49.22		
2% Fee for retiree coverage	\$13.83	\$27.44	\$38.88		
Total	\$705.29	\$1,399.51	\$1,982.69		
	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	\$16.40	\$32.80	\$49.22		
2% Fee for retiree coverage	\$11.65	\$23.09	\$32.72		
Total	\$594.31	\$1,177.56	\$1,668.59		

Effective July 23, 2016					
	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	\$16.40	\$32.80	\$49.22		
2% COBRA Admin Fee	\$17.44	\$31.55	\$43.98		
Total	\$889.66	\$1,609.08	\$2,242.89		
_	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
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	\$16.40	\$32.80	\$49.22		
2% COBRA Admin Fee	\$19.18	\$34.67	\$48.32		
Total	\$978.40	\$1,768.20	\$2,464.23		
		<u> </u>			
	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	\$16.40	\$32.80	\$49.22		
2% COBRA Admin Fee	\$24.50	\$44.25	\$61.62		
Total	\$1,249.72	\$2,256.78	\$3,142.53		
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
Kaiser HMO	\$615.50	\$1,231.00	\$1,741.88		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71		
VSP Choice	\$5.28	\$10.56	\$17.00		
EDC Admin Fee	\$16.40	\$32.80	\$49.22		
2% COBRA Admin Fee	\$13.83	\$27.44	\$38.88		
Total	\$705.29	\$1,399.51	\$1,982.69		
Total	Ψ703.E3	71,333.31	71,302.03		
	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	\$16.40	\$32.80	\$49.22		
2% COBRA Admin Fee	\$11.65	\$23.09	\$32.72		
Total	\$594.31	\$1,177.56	\$1,668.59		
Total	3334.31	J1,1//.30	\$1,000.33		
Employee Assis	tance Drogr	am (FAD)			
\$5.55 regardle	_				
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	ACTIVE/EARLY RETIREES		
	EE ONLY	EE+1	FAMILY
BLUE SHIELD PPO \$2000 ABHP	796.26	1436.46	1996.98
BLUE SHIELD PPO \$1300 ABHP	883.26	1592.46	2213.98
BLUE SHIELD PPO \$200	1149.26	2071.46	2878.98
KAISER HMO	615.50	1231.00	1741.88
KAISER HMO \$1300 ABHP	506.70	1013.40	1433.94
UNITED HEALTHCARE	-	-	-
Delta Dental PPO+Premier	54.28	97.71	135.71
VSP Choice	5.28	10.56	17.00
EDC Admin Fee	16.40	32.80	49.22

2016 BLENDED			
	EE ONLY	EE+1	FAMILY
BLUE SHIELD PPO \$2000 ABHP	872.22	1577.53	2198.91
BLUE SHIELD PPO \$1300 ABHP	959.22	1733.53	2415.91
BLUE SHIELD PPO \$200	1225.22	2212.53	3080.91
KAISER HMO	691.46	1372.07	1943.81
KAISER HMO \$1300 ABHP	582.66	1154.47	1635.87

2015 BLENDED				
	EE ONLY	EE+1	FAMILY	
BLUE SHIELD PPO \$1300 ABHP	900.13	1626.41	2266.79	
BLUE SHIELD PPO \$200	1149.13	2074.41	2888.79	
KAISER HMO	685.04	1359.24	1925.35	
KAISER HMO \$1300 ABHP	557.97	1105.10	1565.74	
UNITED HEALTHCARE HMO	942.05	1916.50	2713.28	

7.5% CHECK					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
BLUE SHIELD PPO \$1300 ABHP	93.84%	93.82%	93.83%		
BLUE SHIELD PPO \$200	93.79%	93.76%	93.76%		
KAISER HMO	99.07%	99.06%	99.05%		
KAISER HMO \$1300 ABHP	95.76%	95.72%	95.71%		

MEDICARE RETIREES					
RETIREE ONLY	1 IN 1 OUT	2 IN MC			
-	-	-			
-	-	-			
-	-	-			
403.48	1018.98	806.95			
-	-	-			
363.15	-	726.30			
54.28	97.71	97.71			
5.28	10.56	10.56			
16.40	32.80	32.80			

FI	FEDERAL MINIMUM WAGE		
	\$7.25	FMW	
	130	FTH	
	<u>9.50%</u>	EE	
	\$89.54		