HEALTH PLAN CONTRIBUTION RATES

For employees in Local 1, OE3 and Probation

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

Effective January 1, 2019

Contributions are deducted over 24 pay periods

	ELUL TU	ME 64+ HO			IME 40 - 63	HOURS	ΔΛΡΤ Τ	IME 32 - 39	
		PAY PERIO	•		R PAY PER			R PAY PER	
			,	_		•	•		,
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY
Blue Shield PPO ABHP Low	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55
Employer	\$373.91	\$675.58	\$940.44	\$280.43	\$506.69	\$705.33	\$186.96	\$337.79	\$470.22
Employee	\$93.47	\$168.89	\$235.11	\$186.95	\$337.78	\$470.22	\$280.42	\$506.68	\$705.33
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Blue Shield PPO Standard	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
	<i></i> ,,, _ 0	<i>4</i> ± 1100	<i>¥</i> 1 0	<i>\(__\)</i>	<i>+</i> 1	<i></i>	<i>\(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	<i>q</i> 1 1100	Ţo
Total	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55
Employer	\$484.31	\$873.98	\$1,216.44	\$363.23	\$655.49	\$912.33	\$242.16	\$436.99	\$608.22
Employee	\$121.07	\$218.49	\$304.11	\$242.15	\$436.98	\$608.22	\$363.22	\$655.48	\$912.33
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO Standard	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95
Employer	\$290.92	\$575.44	\$811.96	\$218.19	\$431.58	\$608.97	\$145.46	\$287.72	\$405.98
Employee	\$72.73	\$143.86	\$202.99	\$145.46	\$287.72	\$405.98	\$218.19	\$431.58	\$608.97
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO ABHP	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95
Employer	\$240.52	\$473.44	\$667.96	\$180.39	\$355.08	\$500.97	\$120.26	\$236.72	\$333.98
Employee	\$60.13	\$118.36	\$166.99	\$120.26	\$236.72	\$333.98	\$180.39	\$355.08	\$500.97

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.

HEALTH PLAN CONTRIBUTION RATES For employees in bargaining units

CA (Criminal Attorney), CC (County Counsel) & MA (Manager's Association)

Effective January 1, 2019

Contributions are deducted over 24 pay periods

		Contributio	ons are aea		1 71				
	FULL	TIME 64+ F	IOURS	PART T	IME 40 - 63	B HOURS	PART T	IME 32 - 39	HOURS
	(PE	R PAY PER	IOD)	(PE	R PAY PER	IOD)	(PE	R PAY PER	IOD)
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY
Blue Shield PPO ABHP Low	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55
Employer	\$303.80	\$548.91	\$764.11	\$227.85	\$411.68	\$573.08	\$151.90	\$274.46	\$382.06
Employee	\$163.58	\$295.56	\$411.44	<mark>\$239.53</mark>	\$432.79	\$602.47	\$315.48	\$570.01	\$793.49
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY
Blue Shield PPO Standard	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55
Employer	\$393.50	\$710.11	\$988.36	\$295.13	\$532.58	\$741.27	\$196.75	\$355.06	\$494.18
Employee	\$211.88	\$382.36	\$532.19	\$310.25	\$559.89	\$779.28	\$408.63	\$737.41	\$1,026.37
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO Standard	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95
Employer	\$236.38	\$467.55	\$659.72	\$177.29	\$350.66	\$494.79	\$118.19	\$233.78	\$329.86
Employee	\$127.27	\$251.75	\$355.23	\$186.36	\$368.64	\$520.16	<mark>\$245.46</mark>	\$485.52	\$685.09
	<u>EE ONLY</u>	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO ABHP	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Tatal	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95
Total	\$300.65 \$195.43	\$384.67	\$834.95 \$542.72	\$300.65 \$146.57	\$591.80 \$288.50	\$834.95 \$407.04	\$300.65 \$97.72	\$591.80 \$192.34	\$834.95 \$271.36
Employer <mark>Employee</mark>	\$195.43 \$105.22	\$384.07 \$207.13	\$542.72 \$292.23	\$146.57 \$154.08	\$288.50 \$303.30	\$407.04 \$427.91	\$97.72 \$202.93	\$192.34 \$399.46	\$271.30 \$563.59
Employee									
		oyees in these			loyees in these			loyees in these	
		e Optional Ber	-		e Optional Ber	-		e Optional Bei	-
	contributior	e used to offs	et employee	contribution	ne used to offs	et employee	contribution	e used to offs	et employee
		is. (\$250 24 time:	s ner vear)		is. (\$188 24 time:	s ner vear)		is. (\$125 24 time	s ner vear)
		5,240 (\$260 24			4,680 (\$195 24			3,120 (\$130 24	
	year)	,	i anies per	year)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i anies per	year)	,	i unico per
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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.

HEALTH PLAN CONTRIBUTION RATES For employees in bargaining units

SA (Deputy Sheriff's)

Effective January 1, 2019

Contributions are deducted over 24 pay periods

	FULL	TIME 64+ H	IOURS			
	EE ONLY	<u>EE+1</u>	FAMILY			
Blue Shield PPO ABHP Low	\$460.23	\$830.17	\$1,154.10			
EDC Admin Fee	\$7.15	\$14.30	\$21.45			
Total	\$467.38	\$844.47	\$1,175.55			
	\$303.80	\$844.47 \$548.91	\$1,175.55 \$764.11			
Employer Employee	\$303.80 \$163.58	\$548.91 \$295.56	\$764.11 \$411.44			
Linployee	\$105.56	ŞZ95.50	9411.44			
	<u>EE ONLY</u>	<u>EE+1</u>	FAMILY			
Blue Shield PPO Standard	\$598.23	\$1 <i>,</i> 078.17	\$1,499.10			
EDC Admin Fee	\$7.15	\$14.30	\$21.45			
Total	\$605.38	\$1,092.47	\$1,520.55			
Employer	\$393.50	\$710.11	\$988.36			
Employee	\$393.50 \$211.88	\$710.11 \$382.36	\$588.30 \$532.19			
	-	-	•			
	EE ONLY	<u>EE+1</u>	FAMILY			
Kaiser HMO Standard	\$356.50	\$705.00	\$993.50			
EDC Admin Fee	\$7.15	\$14.30	\$21.45			
Total	\$363.65	\$719.30	\$1,014.95			
Employer	\$236.38	\$467.55	\$659.72			
Employee	\$127.27	\$251.75	\$355.23			
	EE ONLY	EE+1	FAMILY			
Kaiser HMO ABHP	\$293.50	\$577.50	\$813.50			
EDC Admin Fee	\$7.15	\$14.30	\$21.45			
Total	\$300.65	\$591.80	\$834.95			
Employer	\$195.43	\$384.67	\$542.72			
Employee	\$105.22	\$207.13	\$292.23			
	-	oyees receive				
		periods in Opt				
	-	lits, which can				
		oyee contribut	-			
	pay periods at \$171.17 each)					

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

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO (Confidential), EL (Elected), SM (Sworn Management), UM (Unrepresented Management)

& UD (Department Heads)

Effective January 1, 2019

Contributions are deducted over 24 pay periods

	FULL	TIME 64+ H	IOURS	PART TIME 40 - 63 HOURS		PART T	IME 32 - 39	HOURS	
	(PE	R PAY PER	IOD)	(PE	R PAY PER	IOD)	(PE	R PAY PER	IOD)
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Blue Shield PPO ABHP Low	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
	4		4			4			4
Total	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55
Employer	\$317.52	\$573.93	\$799.07	\$238.14	\$430.45	\$599.30	\$158.76	\$286.97	\$399.54
Employee	\$149.86	\$270.54	\$376.48	<mark>\$229.24</mark>	\$414.02	\$576.25	\$308.62	\$557.50	\$776.01
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY
Blue Shield PPO Standard	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55
Employer	\$414.92	\$748.96	\$1,042.57	\$311.19	\$561.72	\$781.93	\$207.46	\$374.48	\$521.29
Employee	\$190.46	\$343.51	\$477.98	\$294.19	\$530.75	\$738.62	\$397.92	\$717.99	\$999.26
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Kaiser HMO Standard	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95
Employer	\$253.07	\$498.13	\$701.51	\$189.80	\$373.60	\$526.13	\$126.54	\$249.07	\$350.76
Employee	\$110.58	\$221.17	\$313.44	\$173.85	\$345.70	<mark>\$488.82</mark>	\$237.11	\$470.23	\$664.19
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO ABHP	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95
Employer	\$209.11	\$408.71	\$575.40	\$156.83	\$306.53	\$431.55	\$104.56	\$204.36	\$287.70
Employee	\$91.54	\$18 <mark>3.0</mark> 9	\$259.55	\$143.82	\$285.27	\$403.40	\$196.09	\$387.44	\$547.25
	NOTE: Emp	loyees in these	e bargaining	NOTE: Empl	loyees in these	e bargaining	NOTE: Emp	loyees in these	e bargaining
		e Optional Ber	-		e Optional Ber	-		e Optional Ber	-
		e used to offs	et employee		e used to offs	et employee		e used to offs	et employee
	contribution			contribution			contribution		
		(\$250 24 time: & UD - \$6,240			(\$188 24 time. & UD - \$4,680			(\$125 24 time: & UD - \$3,120	
	CO, EL, UM times per ye		ς (γ200 24	times per ye		24 رويدې <i>ب</i>	times per ye		y (Ş130 24
	anies per ye	Luij		unes per ye	uij		unies per ye	uij	

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.

ACA COMPLIANT PLAN*

Effective January 1, 2019

Contributions are deducted over 24 pay periods

	<u>EE ONLY</u>	<u>EE+1</u>	FAMILY
Blue Shield PPO ABHP High	\$414.73	\$749.17	\$1,041.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45
Total	\$421.88	\$763.47	\$1,062.55
Employer	\$375.41	\$375.41	\$375.41
Employee	\$46.47	\$388.06	\$687.14

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.

*THIS IS A COUNTY-SPONSORED HEALTH PLAN THAT MEETS BOTH THE MINIMUM ESSENTIAL COVERAGE (MEC) AND AFFORDABILITY REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA)

DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2019

Contributions are deducted over 24 pay periods

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

Furtici	pation in the Dent				-			45 22 20		
	FULL TIM		-		/IE 40 - 63			/IE 32 - 39		
		Y PERIOD	-	-	PAY PERI					
	For employ	yees in Loo				yees in Loc	al 1, OE3			
	and	d Probatio	n	an	d Probatio	n	an	d Probatio	n	
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	
VSP CHOICE	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	
Total	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	
Employer	\$23.21	\$42.07	\$59.09	\$17.41	\$31.55	\$44.32	\$11.61	\$21.04	\$29.55	
Employee	\$5.80	\$10.51	\$14.77	<mark>\$11.60</mark>	\$21.03	\$29.54	<mark>\$17.40</mark>	\$31.54	\$44.31	
	For emplo	vees in ba	rgaining	For emplo	oyees in ba	argaining	For emplo	oyees in ba	rgaining	
	-	CA, CC &		-	; CA, CC &			CA, CC & I		
	EE ONLY	EE+1	FAMILY	EE ONLY	<u>EE+1</u>		EE ONLY	<u>EE+1</u>		
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	<u>FAMILY</u> \$67.85	\$27.14	\$48.85	<u>FAMILY</u> \$67.85	
VSP CHOICE	\$27.14	\$48.83 \$3.73	\$6.01	\$27.14	\$3.73	\$6.01	\$1.87	\$48.85 \$3.73	\$6.01	
	Ş1.07	JJ./J	90.01	Ş1.07	JJ./J	20.01	Ş1.07	JJ.7J	90.01	
Total	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	
Employer	\$18.86	\$34.18	\$48.01	\$14.15	\$25.64	\$36.01	\$9.43	\$17.09	\$73.00	
Employee	\$10.15	\$18.40	\$40.01 \$ 25.85	\$14.15 \$14.86	\$25.04 \$26.94	\$30.01 \$37.85	\$19.58	\$35.49	\$49.85	
	• • •	• • •								
	NOTE: Employee	es in these bar	gaining units	NOTE: Employee	es in these bar	gaining units	NOTE: Employee	es in these bard	gaining units	
	receive Optional			receive Optional			receive Optiona			
	be used to offset			be used to offse			be used to offset employee contributions.			
	CC -\$6,000 (\$25)			CC -\$4,500 (\$18			CC -\$3,000 (\$12		· · ·	
	CA&MA - \$6,240) (\$260 24 LIM	es per year)	CA&MA - \$4,680	U (Ş195 24 lim	les per year)	CA&MA - \$3,120	J (\$130 24 lime	es per year)	
	For emplo	yees in ba	irgaining							
		unit SA								
	EE ONLY	<u>EE+1</u>	FAMILY							
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.85	\$67.85							
VSP CHOICE	\$1.87	\$3.73	\$6.01							
Total	\$29.01	\$52.58	\$73.86							
Employer	\$18.86	\$34.18	\$48.01							
Employee	\$10.15	\$18.40	\$25.85							
	NOTE: Employee	es receive \$4,1	08.08 over 24							
	pay periods in O		,							
	which can be use									
	contributions. (2 each)	24 pay perioas	at \$171.17							
	For emplo	yees in ba	irgaining	For emplo	oyees in ba	argaining	For emplo	oyees in ba	rgaining	
		units			units			units		
	CO, EL	, SM, UM	& UD	CO, EL	, SM, UM	& UD	CO, EL	, SM, UM 8	& UD	
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	
VSP CHOICE	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	
Total	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	
Employer	\$18.59	\$33.63	\$47.14	\$13.94	\$25.22	\$35.36	\$9.30	\$16.82	\$23.57	
Employee	\$10.42	\$18.95	\$26.72	\$15.07	\$27.36	\$38.50	\$19.71	\$35.76	\$50.29	
	NOTE: Employee receive Optional									
	be used to offset			be used to offse	-		be used to offse	-		
	SM -\$6,000 (\$25			SM -\$4,500 (\$18			SM -\$3,000 (\$12			
	CO, EL, UM & UL			CO, EL, UM & UI			CO, EL, UM & U			
	per year)			per year)			per ye q 18-129	2 A 6 of 9		

HEALTH PLAN CONTRIBUTION RATES

RETIREES

Effective January 1, 2019 - December 31, 2019

Monthly Rates and Contributions

EARLY RETIREE	S (PRE 65 NO MI	EDICARE)	
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO ABHP High	\$829.47	\$1,498.34	
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
		,	
Total	\$847.51	\$1,534.41	\$2,137.13
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO ABHP Low	\$920.47	\$1,660.34	
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
Total	\$938.51	\$1,696.41	\$2,363.13
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO Standard	\$1,196.47	\$2,156.34	\$2,998.20
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
	φ <u>1</u>	<i>¥</i> 20.00	φ 12.50
Total	\$1,214.51	\$2,192.41	\$3,053.13
	RETIREE ONLY	RETIREE+1	FAMILY
Kaiser HMO Standard	\$713.00	\$1,410.00	\$1,987.00
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
Total	\$731.04	\$1,446.07	\$2,041.93
	RETIREE ONLY	RETIREE+1	FAMILY
Kaiser HMO ABHP	\$587.00	\$1,155.00	\$1,627.00
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	, \$28.60	\$42.90
Total	\$605.04	\$1,191.07	\$1,681.93

RETIREE HEALTH CONTRIBUTION (RHC)						
YEARS OF SERVICE	LEVEL	<u>PRE 65</u>	<u>65+</u>			
12 THRU 14	LEVEL 1	\$329.52	\$134.80			
15 THRU 19	LEVEL 2	\$499.28	\$204.25			
20 +	LEVEL 3	\$669.03	\$273.69			
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$998.55	\$408.49			
*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 (ENROLLED IN PARTS A&B)							
UHC Advantage PPO EDC Admin Fee	<u>1 IN A&B</u> \$446.72 \$14.30	<u>1 IN 1 OUT</u> - -	<u>2 IN A&B</u> \$893.44 \$28.60				
EBS Fee (for non CSAC-EIA plan)	\$6.75	-	\$6.75				
Total	\$467.77	\$0.00	\$928.79				
Kaiser Senior Advantage (KSA) EDC Admin Fee	<u>1 IN A&B</u> \$445.00 \$14.30	<u>1 IN 1 OUT</u> \$1,158.00 \$28.60	<u>2 IN A&B</u> \$873.00 \$28.60				
Total	\$459.30	\$1,186.60	\$901.60				
KSA includes a vision component through Kaiser							

KSA includes a vision component through Kaiser

OPTIONAL DENTAL COVERAGE*						
	RETIREE ONLY	RETIREE+1	FAMILY			
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71			
*Retirees have the option of purchasing Delta Dental at the time of initial enrollment only. If dropped, it cannot be reinstated.						

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	\$3.74	\$7.47	\$7.47					
*Medicare Retirees have the option of p enrollment only. If dropped, it cannot b	*Medicare Retirees have the option of purchasing VSP at the time of initial							

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 Human Resources for rates.

There is not a "1-in-1-out" option for Blue Shield participants transitioning to Medicare. When an enrollee on a Blue Shield plan with two or more enrollees goes on Medicare, the Medicare eligible enrollee will transition to the UHC Advantage plan. The rate is then calculated by taking the Blue Shield Retiree Only rate and adding it to the UHC Advantage PPO Retiree Only rate and then applying any other rates that coincide with other elected plans/benefits.

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective J	anuary 1, 20	019					
WITH NO RETIREE COVERAGE							
Blue Shield PPO ABHP High	<u>EE ONLY</u> \$829.47		<u>FAMILY</u> \$2,082.20				
Delta Dental PPO+Premier VSP Choice	\$54.28 \$3.74	\$97.71 \$7.47	\$135.71 \$12.03				
EDC Admin Fee	\$14.30	\$28.60	\$42.90				
Total	\$901.79	\$1,632.12	<mark>\$2,272.84</mark>				
Blue Shield PPO ABHP Low Delta Dental PPO+Premier VSP Choice EDC Admin Fee	EE ONLY \$920.47 \$54.28 \$3.74 \$14.30	<u>EE+1</u> \$1,660.34 \$97.71 \$7.47 \$28.60	<u>FAMILY</u> \$2,308.20 \$135.71 \$12.03 \$42.90				
Total	\$992.79	\$1,794.12	\$2,498.84				
Blue Shield PPO Standard Delta Dental PPO+Premier VSP Choice EDC Admin Fee	<u>EE ONLY</u> \$1,196.47 \$54.28 \$3.74 \$14.30	<u>EE+1</u> \$2,156.34 \$97.71 \$7.47 \$28.60	<u>FAMILY</u> \$2,998.20 \$135.71 \$12.03 \$42.90				
Total	\$1,268.79	\$2,290.12	\$3,188,84				
	.,	.,					
Kaiser HMO Standard Delta Dental PPO+Premier VSP Choice EDC Admin Fee	EE ONLY \$713.00 \$54.28 \$3.74 \$14.30	<u>EE+1</u> \$1,410.00 \$97.71 \$7.47 \$28.60	<u>FAMILY</u> \$1,987.00 \$135.71 \$12.03 \$42.90				
Total	\$785.32	\$1,543.78	\$2,177.64				
Kaiser HMO ABHP Delta Dental PPO+Premier VSP Choice EDC Admin Fee	<u>EE ONLY</u> \$587.00 \$54.28 \$3.74 \$14.30	<u>EE+1</u> \$1,155.00 \$97.71 \$7.47 \$28.60	FAMILY \$1,627.00 \$135.71 \$12.03 \$42.90				
Total	\$659.32	\$1,288.78	<mark>\$1,817.64</mark>				

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2019

WITH RETIREE COVERAGE					
	EE ONLY	<u>EE+1</u>	FAMILY		
Blue Shield PPO ABHP High	\$829.47	\$1,498.34	\$2,082.20		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71		
VSP Choice	\$3.74	\$7.47	\$12.03		
EDC Admin Fee	\$14.30	\$28.60	\$42.90		
2% Fee for retiree coverage	\$18.04	\$32.64	\$45.46		
Total	\$919.83	\$1,664.76	\$2,318.30		
	EE ONLY	<u>EE+1</u>	FAMILY		
Blue Shield PPO ABHP Low	\$920.47	\$1,660.34	\$2,308.20		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71		
VSP Choice	\$3.74	\$7.47	\$12.03		
EDC Admin Fee	\$14.30	\$28.60	\$42.90		
2% Fee for retiree coverage	\$19.86	\$35.88	\$49.98		
Total	\$1,012.65	\$1,830.00	\$2,548.82		
	EE ONLY	<u>EE+1</u>	FAMILY		
Blue Shield PPO Standard	\$1,196.47	\$2,156.34	\$2,998.20		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71		
VSP Choice	\$3.74	\$7.47	\$12.03		
EDC Admin Fee	\$14.30	\$28.60	\$42.90		
2% Fee for retiree coverage	\$25.38	\$45.80	\$63.78		
Total	\$1,294.17	\$2,335.92	\$3,252.62		
	<u>EE ONLY</u>	<u>EE+1</u>	FAMILY		
Kaiser HMO Standard	\$713.00	\$1,410.00	\$1,987.00		
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71		
VSP Choice	\$3.74	\$7.47	\$12.03		
EDC Admin Fee	\$14.30	\$28.60	\$42.90		
2% Fee for retiree coverage	\$15.71	\$30.88	\$43.55		
Total	\$801.03	\$1,574.66	\$ <mark>2,221.19</mark>		

Total	\$801.03	\$1,574.66	\$2,221.19
	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO ABHP	\$587.00	\$1,155.00	\$1,627.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
2% Fee for retiree coverage	\$13.19	\$25.78	\$36.35
Total	\$672.51	\$1,314.56	\$1,853.99

HEALTH PLAN CONTRIBUTION RATES						
COBRA						
Effective January 1, 2019						
	EE ONLY	<u>EE+1</u>	FAMILY			
Blue Shield PPO ABHP High		\$1,498.34				
Delta Dental PPO+Premier	\$54.28					
VSP Choice	\$3.74	•	•			
EDC Admin Fee		\$28.60				
2% COBRA Admin Fee	\$18.04	\$32.64	\$45.46			
Total	\$919.83	\$1,664.76	\$2,318.30			
	<u>EE ONLY</u>	EE+1	FAMILY			
Blue Shield PPO ABHP Low	\$920.47		\$2,308.20			
Delta Dental PPO+Premier	\$54.28					
VSP Choice	\$3.74					
EDC Admin Fee	\$14.30					
2% COBRA Admin Fee	\$19.86		\$49.98			
Total	\$1,012.65	\$1,830.00	\$2,548.82			
	<u>EE ONLY</u>	EE+1	FAMILY			
Blue Shield PPO Standard	\$1,196.47		\$2,998.20			
Delta Dental PPO+Premier	\$1,190.47 \$54.28	\$2,130.34 \$97.71	\$2,998.20			
VSP Choice	\$3.74					
EDC Admin Fee	\$14.30		\$42.90			
2% COBRA Admin Fee	\$25.38	\$20.00 \$45.80	\$63.78			
	<i>+</i> 1 0100	<i>\</i>	<i>+•••••</i>			
Total	\$1,294.17	\$ <mark>2,335.92</mark>	\$3,252.62			
	EE ONLY	EE+1	FAMILY			
Kaiser HMO Standard	\$713.00		\$1,987.00			
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71			
VSP Choice	\$3.74	\$7.47	\$12.03			
EDC Admin Fee	\$14.30	\$28.60	, \$42.90			
2% COBRA Admin Fee	\$15.71	\$30.88	\$43.55			
Total	\$801.03	\$1,574.66	\$2,221.19			
	<u>EE ONLY</u>	<u>EE+1</u>	FAMILY			
Kaiser HMO ABHP	\$587.00	\$1,155.00	\$1,627.00			
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71			
VSP Choice	\$3.74	\$7.47	\$12.03			
EDC Admin Fee	\$14.30	\$28.60	\$42.90			
2% COBRA Admin Fee	\$13.19	\$25.78	\$36.35			
Total	\$672.51	\$1,314.56	\$1,853.99			
Employee Assistance Program (EAP)						
\$5.27 regardle	-					