For employees in bargaining units

GE (General), PL (Professional), SU (Supervisory), TC (Trades and Crafts), PR (Probation), CR (Corrections)

Effective January 1, 2021

Contributions are deducted over 24 pay periods

		ME 64+ HO PAY PERIO	•		IME 40 - 63 R PAY PER			IME 32 - 39 R PAY PER	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP Low (\$1400)	\$484.62	\$873.62	\$1,214.12	\$484.62	\$873.62	\$1,214.12	\$484.62	\$873.62	\$1,214.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$492.53	\$889.45	\$1,237.86	\$492.53	\$889.45	\$1,237.86	\$492.53	\$889.45	\$1,237.86
Employer	\$394.03	\$711.56	\$990.29	\$295.52	\$533.67	\$742.72	\$197.02	\$355.78	\$495.15
Employee	\$98.50	\$177.89	\$247.57	\$197.01	\$355.78	\$495.14	\$295.51	\$533.67	\$742.71
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO Standard (\$200)	\$631.62	\$1,138.12	\$1,582.12	\$631.62	\$1,138.12	\$1,582.12	\$631.62	\$1,138.12	\$1,582.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$639.53	\$1,153.95	\$1,605.86	\$639.53	\$1,153.95	\$1,605.86	\$639.53	\$1,153.95	\$1,605.86
Employer	\$511.63	\$923.16	\$1,284.69	\$383.72	\$692.37	\$963.52	\$255.82	\$461.58	\$642.35
Employee	\$127.90	\$230.79	\$321.17	\$255.81	\$461.58	\$642.34	\$383.71	\$692.37	\$963.51
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO Standard	\$403.12	\$798.12	\$1,124.12	\$403.12	\$798.12	\$1,124.12	\$403.12	\$798.12	\$1,124.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$411.03	\$813.95	\$1,147.86	\$411.03	\$813.95	\$1,147.86	\$411.03	\$813.95	\$1,147.86
Employer	\$328.83	\$651.16	\$918.29	\$246.62	\$488.37	\$688.72	\$164.42	\$325.58	\$459.15
Employee	\$82.20	\$162.79	\$229.57	\$164.41	\$325.58	\$459.14	\$246.61	\$488.37	\$688.71
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Kaiser HMO ABHP (\$1400)	\$332.12	\$653.62	\$920.12	\$332.12	\$653.62	\$920.12	\$332.12	\$653.62	\$920.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
		•			•			•	·
Total	\$340.03	\$669.45	\$943.86	\$340.03	\$669.45	\$943.86	\$340.03	\$669.45	\$943.86
Employer	\$272.03	\$535.56	\$755.09	\$204.02	\$401.67	\$566.32	\$136.02	\$267.78	\$377.55
Employee	\$68.00	\$133.89	\$188.77	\$136.01	\$267.78	\$377.54	\$204.01	\$401.67	\$566.31

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.

For employees in bargaining units

BD (Board of Supervisors), CA (Criminal Attorney), MA (Management), SM (Law Enforcement Sworn Management) Effective January 1, 2021

Contributions are deducted over 24 pay periods

	FULL 1	TIME 64+ HO	URS	PART TIMI	40 - 63 HO	URS (PER		E 34 - 39 HO	URS (PER
	(PEF	R PAY PERIO	D)	P	AY PERIOD)		P	PAY PERIOD)	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP Low (\$1400)	\$484.62	\$873.62	\$1,214.12	\$484.62	\$873.62	\$1,214.12	\$484.62	\$873.62	\$1,214.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$492.53	\$889.45	\$1,237.86	\$492.53	\$889.45	\$1,237.86	\$492.53	\$889.45	\$1,237.86
Employer	\$320.15	\$578.15	\$804.61	\$240.11	\$433.61	\$603.46	\$160.08	\$289.08	\$402.31
Employee	\$172.38	\$311.30	\$433.25	\$252.42	\$455.84	\$634.40	\$332.45	\$600.37	\$835.55
	EE ONLY	EE+1	FAMILY	EE ONLY	FF : 1	FAMILY	EE ONLY	FF. 1	FANAILY
Blue Shield PPO Standard (\$200)	EE ONLY \$631.62	\$1,138.12	\$1,582.12	\$631.62	<u>EE+1</u> \$1,138.12	\$1,582.12	\$631.62	<u>EE+1</u> \$1,138.12	<u>FAMILY</u> \$1,582.12
EDC Admin Fee	\$7.91	\$1,138.12	\$1,582.12	\$031.02	\$1,138.12	\$1,582.12	\$031.02	\$1,138.12	\$1,582.12
EDC Admin Fee	\$7.91	\$15.65	\$23.74	\$7.91	\$15.65	\$23.74	\$7.91	\$15.65	\$23.74
Total	\$639.53	\$1,153.95	\$1,605.86	\$639.53	\$1,153.95	\$1,605.86	\$639.53	\$1,153.95	\$1,605.86
Employer	\$415.70	\$750.07	\$1,043.81	\$311.78	\$562.55	\$782.86	\$207.85	\$375.04	\$521.91
Employee	\$223.83	\$403.88	\$562.05	\$327.75	\$591.40	\$823.00	\$431.68	\$778.91	\$1,083.95
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO Standard	\$403.12	\$798.12	\$1,124.12	\$403.12	\$798.12	\$1,124.12	\$403.12	\$798.12	\$1,124.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$411.03	\$813.95	\$1,147.86	\$411.03	\$813.95	\$1,147.86	\$411.03	\$813.95	\$1,147.86
Employer	\$267.17	\$529.07	\$1,147.80	\$200.38	\$396.80	\$559.58	\$133.59	\$264.54	\$373.06
Employee	\$143.86	\$284.88	\$401.75	\$210.65	\$417.15	\$588.28	\$277.44	\$549.41	\$373.00 \$774.80
Employee		·							·
K-1 11840 ADUD (64 400)	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO ABHP (\$1400)	\$332.12	\$653.62	\$920.12	\$332.12	\$653.62	\$920.12	\$332.12	\$653.62	\$920.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$340.03	\$669.45	\$943.86	\$340.03	\$669.45	\$943.86	\$340.03	\$669.45	\$943.86
Employer	\$221.02	\$435.15	\$613.51	\$165.77	\$326.36	\$460.13	\$110.51	\$217.58	\$306.76
Employee	\$119.01	\$234.30	\$330.35	\$174.26	\$343.09	\$483.73	\$229.52	\$451.87	\$637.10
	NOTE: Employee receive Optional used to offset en BD: \$6,000 (\$25 CA, MA, & SM: \$ periods)	Benefit credits nployee contrib 0 for 24 pay per	which can be utions. iods)	NOTE: Employee receive Optional used to offset er BD: \$6,000 (\$25 CA, MA, & SM: \$ periods)	Benefit credits nployee contrib 0 for 24 pay pei	which can be utions. riods)	NOTE: Employed receive Optiona used to offset er BD: \$6,000 (\$25 CA, MA, & SM: \$ periods)	l Benefit credits mployee contrib i0 for 24 pay pei	which can be utions. riods)

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.

For employees in bargaining unit SA (Law Enforcement)

Effective January 1, 2021

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>			
Blue Shield PPO ABHP Low (\$1400)	\$484.62	\$873.62	\$1,214.12			
EDC Admin Fee	\$7.91	\$15.83	\$23.74			
Total	\$492.53	\$889.45	\$1,237.86			
Employer	\$320.15	\$578.15	\$804.61			
Employee	\$172.38	\$311.30	\$433.25			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>			
Blue Shield PPO Standard (\$200)	\$631.62	\$1,138.12	\$1,582.12			
EDC Admin Fee	\$7.91	\$15.83	\$23.74			
Total	\$639.53	\$1,153.95	\$1,605.86			
Employer	\$415.70	\$750.07	\$1,043.81			
Employee	\$223.83	\$403.88	\$562.05			
	EE ONLY	EE+1	FAMILY			
Kaiser HMO Standard	\$403.12	\$798.12	\$1,124.12			
EDC Admin Fee	\$7.91	\$15.83	\$23.74			
Total	\$411.03	\$813.95	\$1,147.86			
Employer	\$267.17	\$529.07	\$746.11			
Employee	\$143.86	\$284.88	\$401.75			
	EE ONLY	EE+1	FAMILY			
Kaiser HMO ABHP (\$1400)	\$332.12	\$653.62	\$920.12			
EDC Admin Fee	\$7.91	\$15.83	\$23.74			
	·		·			
Total	\$340.03	\$669.45	\$943.86			
Employer	\$221.02	\$435.15	\$613.51			
Employee	\$119.01	\$234.30	\$330.35			
	NOTE: Empl	oyees receive	\$4,108 over			
	24 pay periods in Optional Benefit					
	-	ch can be used				
		ontributions. ('24 pay			
	periods at \$171.17 each)					

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

For employees in bargaining units

CO (Confidential), EL (Elected), UM (Unrepresented Management) & UD (Department Head)

Effective January 1, 2021

Contributions are deducted over 24 pay periods

	FULL	TIME 64+ I	HOURS	PART 1	TME 40 - 63		PART T	TME 32 - 39	HOURS
	(PE	R PAY PER	IOD)	(PI	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 (\$1400)	\$484.62	\$873.62	\$1,214.12	\$484.62	\$873.62	\$1,214.12	\$484.62	\$873.62	\$1,214.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Tatal	¢402.52	\$889.45	¢1 227 00	\$492.53	\$889.45	\$1,237.86	\$492.53	\$889.45	¢1 227 0C
Total Employer	\$492.53 \$342.67	\$889.45	\$1,237.86 \$861.38	\$492.53	\$889.45 \$464.18	\$1,237.86	\$492.53	\$889.45	\$1,237.86 \$430.69
Employee Employee	\$149.86	\$270.54	\$376.48	\$235.53	\$425.27	\$591.82	\$171.54 \$321.19	\$579.99	\$450.09 \$ 807.17
Elliployee	\$145.00	3270.3 4	3370. 4 0	Ş233.33	3423.2 <i>1</i>	3331.02	3321.13	Ş5/3.33	3007.17
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO Standard (\$200)	\$631.62	\$1,138.12	\$1,582.12	\$631.62	\$1,138.12	\$1,582.12	\$631.62	\$1,138.12	\$1,582.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$639.53	\$1,153.95	\$1,605.86	\$639.53	\$1,153.95	\$1,605.86	\$639.53	\$1,153.95	\$1,605.86
Employer	\$449.07	\$810.44	\$1,127.88	\$336.80	\$607.83	\$845.91	\$224.54	\$405.22	\$563.94
Employee	\$190.46	\$343.51	\$477.98	\$302.73	\$546.12	\$759.95	\$414.99	\$748.73	\$1,041.92
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO Standard	\$403.12	\$798.12	\$1,124.12	\$403.12	\$798.12	\$1,124.12	\$403.12	\$798.12	\$1,124.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
Total	\$411.03	\$813.95	\$1,147.86	\$411.03	\$813.95	\$1,147.86	\$411.03	\$813.95	\$1,147.86
Employer	\$300.45	\$592.78	\$834.42	\$225.34	\$444.59	\$625.82	\$150.23	\$296.39	\$417.21
Employee	\$110.58	\$221.17	\$313.44	\$185.69	\$369.36	\$522.04	\$260.80	\$517.56	\$730.65
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Kaiser HMO ABHP (\$1400)	\$332.12	\$653.62	\$920.12	\$332.12	\$653.62	\$920.12	\$332.12	\$653.62	\$920.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74	\$7.91	\$15.83	\$23.74
T-+-1	6240.02	ĆCC0 45	Ć042.0C	6240.02	¢660 45	ć042.0C	6240.02	¢660 45	ć0.42.0C
Total	\$340.03 \$248.49	\$669.45 \$486.36	\$943.86 \$684.31	\$340.03 \$186.37	\$669.45 \$364.77	\$943.86 \$513.23	\$340.03 \$124.25	\$669.45 \$243.18	\$943.86 \$342.16
Employer Employee	\$248.49 \$91.54	\$486.36 \$183.09	\$684.31 \$259.55	\$186.37 \$153.66	\$304.77 \$304.68	\$513.23 \$430.63	\$124.25 \$215.78	\$243.18 \$426.27	\$342.16 \$601.70
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		loyees receive ods in Optiona			loyees receive ods in Optiona			loyees receive ods in Optiona	
		ch can be used	-		ich can be used	•		ich can be used	-
		ontributions.			ontributions.			ontributions.	
	periods at \$		r - /	periods at \$		F - 7	periods at \$		r - /
				H-			-		

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, 2021

Contributions are deducted over 24 pay periods

	EE ONLY	<u>EE+1</u>	FAMILY
Blue Shield PPO ABHP High (\$2000)	\$436.12	\$787.12	\$1,093.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74
Total	\$444.03	\$802.95	\$1,116.86
Employer	\$397.71	\$397.71	\$397.71
Employee	\$46.32	\$405.24	\$719.15

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, 2021

Contributions are deducted over 24 pay periods

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

PAY PERIOD For employees in GE, PL, SU, TC, PR & CR ECONY EE+1 FAMILY \$35.27 \$45.49 \$63.18 \$2.01 \$4.02 \$56.48 \$2.01 \$4		FULL TIME			PART TIN	/IE 40 - 63		PART TIME	32 - 39 HC	URS (PER
For employees in GE, PL, SU, TC, PR & CR								·		•
TC, PR & CR ET ONLY EE-1 FAMILY \$25.77 \$45.49 \$63.18 \$2.01 \$4.02 \$6.48 \$2.01 \$								•		
SE ONLY EE-1 FAMILY SE ONLY SE-1 FAMILY SE ONLY SE-1 FAMILY SE-2.77 SA-3.49 SG-3.18 S-2.01 SA-0.20		•	•			•		•	•	
DELTA DENTAL PPO+PREMIER \$ 32.5.7 \$ \$45.49 \$ \$63.18 \$ \$2.01 \$ \$4.02 \$ \$6.48			-			=			-	
S2.01 \$4.02 \$6.48 \$2.0	DELTA DENTAL DRO-DREMIER									
S27.28 S49.51 S69.66 S27.28 S49.51 S27.87 S41.90 S10.92 S19.93 S27.87 S41.79 S					1		-			-
Specific	V3F CHOICE	\$2.01	34.UZ	Ş0. 4 6	\$2.01	34.02	Ş0. 4 6	\$2.01	34.02	Ş0. 4 6
Specific	Total	\$27.28	\$49.51	\$69.66	\$27.28	\$49.51	\$69.66	\$27.28	\$49.51	\$69.66
For employees in bargaining units Substitution		· ·	-			-			-	-
For employees in bargaining unit SA	. ,		-	-		-	-			
DELTA DENTAL PPO+PREMIER \$25.27 \$48.89 \$68.66 \$51.70 \$3.40 \$5.48 \$48.63 \$5.48 \$17.10 \$24.03 \$65.18 \$51.70 \$3.40 \$5.48 \$48.63 \$5.48 \$17.11 \$24.03 \$65.18						-	-	<u> </u>	-	
Section Sect		For emplo	-	rgaining						
S25.27			unit SA							
Section Sect		EE ONLY		<u>FAMILY</u>						
S26.97	DELTA DENTAL PPO+PREMIER	\$25.27	\$45.49	\$63.18						
Sq. 43 Sq. 17.8 Sq. 46.8 Sq. 17.9 Sq. 43 Sq. 17.1 Sq. 40.3 Sq. 43 Sq. 17.1 Sq. 40.3 Sq. 43 Sq. 17.1 Sq. 40.3 Sq. 43 Sq. 44 S	VSP CHOICE	\$1.70	\$3.40	\$5.48						
Sq. 43 Sq. 17.8 Sq. 46.8 Sq. 46.8 Sq. 46.9 Sq. 47.8 Sq. 46.9 Sq. 47.8										
For employees receives \$4.08 over 24 page periods in Optional Benefit credits, which can be used to offset employee contributions. (24 page periods at \$171.17 each) For employees in bargaining units CO, EL, UM & UD EE ONLY EE+1 FAMILY S25.27 \$45.49 \$63.18 \$25.27 \$45.49 \$63.18 \$25.27 \$45.49 \$63.18 \$10.42 \$10.4	Total	· ·	-	•						
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 \$1371.17 each] For employees in bargaining units	Employer									
For employees in bargaining units CO, EL, UM & UD EE ONLY EE+1 FAMILY S25.27 S45.49 S63.18 S20.01 \$4.02 \$5.48 \$5.20.1 \$5.40.2 \$5.40.	Employee	\$9.43	\$17.11	\$24.03						
Pro employees in bargaining units CO, EL, UM & UD EE ONLY EE+1 FAMILY S25.27 S45.49 S63.18 S2.01 S4.02 S6.48 S63.18 S25.27 S45.49 S63.18 S2										
For employees in bargaining units										
For employees in bargaining units CO, EL, UM & UD EE ONLY EE+1 FAMILY S25.27 S45.49 S63.18 S2.01 S4.02 S6.48 S2.01 S4.03 S4.19 S6.58 S4.94 S63.18 S2.05 S4.94 S63.18 S2.05 S4.94 S63.18 S2.05 S4.94 S63.18 S4.94 S63.18 S4.94 S63.18 S6.96 S6.										
Units CO, EL, UM & UD EONLY EE+1 FAMILY \$25.27 \$45.49 \$63.18 VSP CHOICE Total \$27.28 \$49.51 \$69.66 Employer \$16.86 \$30.56 \$42.94 Employee \$10.42 \$18.95 \$26.72 Employees receive \$6.240 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$195 each) For employees in bargaining units BD, CA, MA & SM EEONLY IME 40 S6.48 FOR EMPLOYER EE+1 FAMILY \$25.27 \$45.49 \$63.18 \$2.01 \$4.02 \$6.48 \$20.01 \$4.02 \$6.48 \$20.01 \$4.02 \$6.			pay perious	ut 41/11/						
Units CO, EL, UM & UD EONLY EE+1 FAMILY \$25.27 \$45.49 \$63.18 \$2.01 \$4.02 \$6.48 \$4.02 \$6.48								-		
CO, EL, UM & UD EE ONLY EE+1 FAMILY \$25.27 \$45.49 \$63.18 \$25.27 \$45.49 \$63.18 \$25.27 \$45.49 \$63.18 \$25.21 \$4.02 \$6.48 \$2.01 \$4.02 \$6.48		For emplo	-	rgaining	For emplo	-	irgaining	For emplo	-	rgaining
EE ONLY EE+1 FAMILY \$25.27 \$45.49 \$63.18 \$25.27 \$45.49 \$6			units			units			units	
### SECONDATE SET IN PROPER NOTE: Employee in these bargaining units BD, CA, MA & SM ECONDATE SET SET SET SET SET SET SET SET SET S		CO, I	EL, UM & 1	JD	CO,	EL, UM & 1	UD	CO,	EL, UM & l	JD
S2.01 \$4.02 \$6.48 \$2.0		EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	FAMILY
\$27.28	DELTA DENTAL PPO+PREMIER	1 '			1 '					
\$16.86	VSP CHOICE	\$2.01	\$4.02	\$6.48	\$2.01	\$4.02	\$6.48	\$2.01	\$4.02	\$6.48
Employee \$16.86 \$30.56 \$42.94 \$12.65 \$22.92 \$32.21 \$8.43 \$15.28 \$21.47 \$14.63 \$26.59 \$37.45 \$18.85 \$34.23 \$48.19 \$15.28 \$21.47 \$14.63 \$26.59 \$37.45 \$18.85 \$34.23 \$48.19 \$18.25 \$48.19 \$49.29 \$49.29 \$49.29 \$49.20 \$49.29 \$49.20 \$49.29 \$49.20 \$		40-00	4	400.00	40-00	4	400.00	1	4	4
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NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions BD: \$6,000 (24 pay periods at \$250) CA, MA, SM: \$6,240 (24 pay periods at \$250) CA, MA, SM: \$6,240 (24 pay periods at \$250) CA, MA, SM: \$4,680 (24 pay periods at \$250) CA, MA, SM: \$3,120 (24 pay periods at \$250) CA, MA, SM: \$4,680 (24 pay periods at \$250) CA, MA, SM: \$3,120 (24 pay periods at \$250) CA, MA, SM: \$3,120 (24 pay periods at \$250) CA, MA, SM: \$4,680 (24 pay periods at \$250) CA, MA, SM: \$3,120 (24 pay periods at \$250) CA, MA, SM: \$3,120 (24 pay periods at \$250) CA, MA, SM: \$4,680 (24 pay periods at \$250) CA, MA, SM: \$3,120 (24 pay periods at \$250) CA, MA, SM: \$4,680 (24 pay periods at \$250) CA, MA, SM: \$3,120 (24 pay periods at \$250) CA, MA, SM: \$4,680 (24 pay periods at \$250) CA, MA, SM: \$3,120 (24 pay periods at \$250) CA, MA, SM: \$4,680 (24 pay periods at	Employer				1			- I	-	
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		\$260)			\$195)			^{\$130)} 20	0-1072 <i>P</i>	6 of 9

HEALTH PLAN CONTRIBUTION RATES RETIREES

Effective January 1, 2021 - December 31, 2021

Monthly Rates and Contributions

EARLY RETIREE	EARLY RETIREES (PRE 65 NO MEDICARE)						
	RETIREE ONLY	RETIREE+1	FAMILY				
Blue Shield PPO \$2000 ABHP	\$872.25						
VSP Choice	\$4.03	\$8.05	\$12.96				
EDC Admin Fee	\$15.83	\$31.66	\$47.48				
Total	\$892.11	\$1,613.96	\$2,246.69				
	RETIREE ONLY	RETIREE+1	FAMILY				
Blue Shield PPO \$1400 ABHP	\$969.25	\$1,747.25	\$2,428.25				
VSP Choice	\$4.03	\$8.05	\$12.96				
EDC Admin Fee	\$15.83	\$31.66	\$47.48				
Total	\$989.11	\$1,786.96	\$2,488.69				
	RETIREE ONLY	RETIREE+1	FAMILY				
Blue Shield PPO \$200	\$1,263.25	\$2,276.25	\$3,164.25				
VSP Choice	\$4.03	\$8.05	\$12.96				
EDC Admin Fee	\$15.83	\$31.66	\$47.48				
Total	\$1,283.11	\$2,315.96	\$3,224.69				
	RETIREE ONLY	RETIREE+1	<u>FAMILY</u>				
Kaiser HMO	\$806.25	\$1,596.25	\$2,248.25				
VSP Choice	\$4.03	\$8.05	\$12.96				
EDC Admin Fee	\$15.83	\$31.66	\$47.48				
Total	\$826.11	\$1,635.96	\$2,308.69				
	RETIREE ONLY	RETIREE+1	FAMILY				
Kaiser HMO \$1400 ABHP	\$664.25						
VSP Choice	\$4.03	\$8.05	\$12.96				
EDC Admin Fee	\$15.83	\$31.66	\$47.48				
Total	\$684.11	\$1,346.96	\$1,900.69				

RETIREE HEALTH CONTRIBUTION (RHC)							
YEARS OF SERVICE	<u>LEVEL</u>	PRE 65	<u>65+</u>				
12 THRU 14	LEVEL 1	\$349.85	\$135.23				
15 THRU 19	LEVEL 2	\$530.08	\$204.90				
20 +	LEVEL 3	\$710.30	\$274.56				
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$1,060.15	\$409.80				
*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)							
	1 IN A&B	1 IN 1 OUT	2 IN A&B				
UHC Advantage PPO	\$445.11	N/A	\$890.22				
EDC Admin Fee	\$15.83	N/A	\$31.66				
BCC Fee (for non-PRISM plan)	\$7.00	N/A	\$14.00				
Total	\$467.94	N/A	\$935.88				
	1 IN A&B	1 IN 1 OUT	2 IN A&B				
Kaiser Senior Advantage (KSA)	\$449.25	\$1,256.00	\$881.25				
EDC Admin Fee	\$15.83	\$31.66	\$31.66				
Total	\$465.08	\$1,287.66	\$912.91				
KSA includes a vision component through Kaiser							

OPTIONAL DENTAL COVERAGE*						
	RETIREE ONLY	RETIREE+1	<u>FAMILY</u>			
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36			
*if you previously dropped dental coverage, you cannot reenroll						

OPTIONAL VSP COVERAGE FOR MEDICARE RETIREES*								
	1 IN A&B	1 IN 1 OUT	2 IN A&B					
VSP Choice	\$4.03	\$8.05	\$8.05					
*Medicare Retirees have the option of purchasing VSP at the time of initial enrollment only. If dropped, it cannot be reinstated.								

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.

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2021

WITH NO RE	TIREE COV	ERAGE	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$872.25	\$1,574.25	\$2,186.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
Total	\$942.66	\$1,704.94	\$2,373.05
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1400 ABHP	\$969.25	\$1,747.25	\$2,428.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
Total	\$1,039.66	\$1,877.94	\$2,615.05
	12,000	1-7	7-7
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,263.25	\$2,276.25	\$3,164.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
Total	\$1,333.66	\$2,406.94	\$3,351.05
	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO	\$806.25	\$1,596.25	\$2,248.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
Total	\$876.66	\$1,726.94	\$2,435.05
	72277		, _,
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1400 ABHP	\$664.25	\$1,307.25	\$1,840.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
Total	\$734.66	\$1,437.94	\$2,027.05

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2021

WITH RETIREE COVERAGE				
•	EE ONLY	EE+1	FAMILY	
Blue Shield PPO \$2000 ABHP	\$872.25	\$1,574.25	\$2,186.25	
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36	
VSP Choice	\$4.03	\$8.05	\$120.36	
EDC Admin Fee	\$15.83	\$31.66	\$47.48	
2% Fee for retiree coverage	\$18.85	\$34.10	\$47.46	
270 ree for retiree coverage	710.03	γ34.10	уч7. ч0	
Total	\$961.51	\$1,739.04	\$2,420.51	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Blue Shield PPO \$1400 ABHP	\$969.25	\$1,747.25	\$2,428.25	
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36	
VSP Choice	\$4.03	\$8.05	\$12.96	
EDC Admin Fee	\$15.83	\$31.66	\$47.48	
2% Fee for retiree coverage	\$20.79	\$37.56	\$52.30	
Tatal	Ć4 000 4E	Ć4 04E E0	ć2 cc7 25	
Total	\$1,060.45	\$1,915.50	\$2,667.35	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Blue Shield PPO \$200	\$1,263.25	\$2,276.25	\$3,164.25	
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36	
VSP Choice	\$4.03	\$8.05	\$120.36	
EDC Admin Fee	\$15.83	\$31.66	\$47.48	
2% Fee for retiree coverage	\$26.67	\$48.14	\$67.02	
270 ree for retiree coverage	Ψ20.07	Ψ 10.1 1	Ç07.02	
Total	\$1,360.33	\$2,455.08	\$3,418.07	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Kaiser HMO	\$806.25	\$1,596.25	\$2,248.25	
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36	
VSP Choice	\$4.03	\$8.05	\$12.96	
EDC Admin Fee	\$15.83	\$31.66	\$47.48	
2% Fee for retiree coverage	\$17.53	\$34.54	\$48.70	
Total	\$894.19	\$1,761.48	\$2,483.75	
Total	Ψ	71,701.40	γ Σ,403.73	
	EE ONLY	EE+1	FAMILY	
Kaiser HMO \$1400 ABHP	\$664.25	\$1,307.25	\$1,840.25	
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36	
VSP Choice	\$4.03	\$8.05	\$12.96	
EDC Admin Fee	\$15.83	\$31.66	\$47.48	
2% Fee for retiree coverage	\$14.69	\$28.76	\$40.54	
Total	\$749.35	\$1,466.70	\$2,067.59	

Effective January 1, 2021

Effective J	anuary 1, 20)21			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
Blue Shield PPO \$2000 ABHP	\$872.25	\$1,574.25	\$2,186.25		
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36		
VSP Choice	\$4.03	\$8.05	\$12.96		
EDC Admin Fee	\$15.83	\$31.66	\$47.48		
2% COBRA Admin Fee	\$18.85	\$34.10	\$47.46		
	·	·	·		
Total	\$961.51	\$1,739.04	\$2,420.51		
	EE ONLY	<u>EE+1</u>	FAMILY		
Blue Shield PPO \$1400 ABHP	\$969.25	\$1,747.25	\$2,428.25		
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36		
VSP Choice	\$4.03	\$8.05	\$12.96		
EDC Admin Fee	\$15.83	\$31.66	\$47.48		
2% COBRA Admin Fee	\$20.79	\$37.56	\$52.30		
270 00 2710 1710 1711 1711 171	Ψ20.73	φ37.30	Ψ32.00		
Total	\$1,060.45	\$1,915.50	\$2,667.35		
	EE ONLY	<u>EE+1</u>	FAMILY		
Blue Shield PPO \$200	\$1,263.25	\$2,276.25	\$3,164.25		
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36		
VSP Choice	\$4.03	\$8.05	\$12.96		
EDC Admin Fee	\$15.83	\$31.66	\$47.48		
2% COBRA Admin Fee	\$26.67	\$48.14	\$67.02		
270 00 2710 1710 1711 1711 171	Ψ20.07	Ψ 10.1	φ07.02		
Total	\$1,360.33	\$2,455.08	\$3,418.07		
	EE ONLY	<u>EE+1</u>	FAMILY		
Kaiser HMO	\$806.25	\$1,596.25	\$2,248.25		
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36		
VSP Choice	\$4.03	\$8.05	\$12.96		
EDC Admin Fee	\$15.83	\$31.66	\$47.48		
2% COBRA Admin Fee	\$17.53	\$34.54	\$48.70		
270 COBIA Admini CC	Ϋ17.33	7 54.54	Ş 4 0.70		
Total	\$894.19	\$1,761.48	\$2,483.75		
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
Kaiser HMO \$1400 ABHP	\$664.25	\$1,307.25	\$1,840.25		
Delta Dental PPO+Premier	\$50.55	\$90.98			
VSP Choice	\$4.03	\$8.05	\$12.96		
EDC Admin Fee	\$15.83	\$31.66	\$47.48		
2% COBRA Admin Fee	\$14.69	\$28.76	\$40.54		
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Total	\$749.35	\$1,466.70	\$2,067.59		
Employee Assistance Program (EAP)					
	regardless of	• •	olled		