For employees in bargaining units

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

Contributions are deducted over 24 pay periods									
	FULL TI	FULL TIME 64+ HOURS (PER			PART TIME 40 - 63 HOURS			IME 32 - 39	HOURS
		PAY PERIOI		(PE	(PER PAY PERIOD)			R PAY PER	
	EE ONLY	EE+1	, FAMILY	<u>EE ONLY EE+1 FAMILY</u>			EE ONLY	EE+1	FAMILY
Blue Shield PPO Standard (\$200)	\$602.00	\$1,084.50	\$1,508.00	\$602.00	\$1,084.50	\$1,508.00	\$602.00	<u>2271</u> \$1,084.50	\$1,508.00
EDC Admin Fee	\$8.63	\$1,084.50	\$1,508.00 \$25.89	\$8.63	\$17.26	\$1,508.00 \$25.89	\$8.63	\$1,084.50 \$17.26	\$1,508.00 \$25.89
	Ş0.05	Υ 1 7.20	72 <i>3</i> .05	Ş0.05	Ş17.20	72 <i>3.</i> 05	<i>Ş</i> 0.05	Υ 1 7.20	Ş25.05
Total	\$610.63	\$1,101.76	\$1,533.89	\$610.63	\$1,101.76	\$1,533.89	\$610.63	\$1,101.76	\$1,533.89
Employer	\$488.51	\$881.41	\$1,227.12	\$366.38	\$661.06	\$920.34	\$244.26	\$440.71	\$613.56
Employee	\$122.12	\$220.35	\$306.77	<mark>\$244.25</mark>	\$440.70	\$613.55	\$366.37	\$661.05	<mark>\$920.33</mark>
	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 (\$1400)	\$462.00	\$832.50	\$1,157.00	\$462.00	\$832.50	\$1,157.00	\$462.00	\$832.50	\$1,157.00
EDC Admin Fee	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89
Total	\$470.63	\$849.76	\$1,182.89	\$470.63	\$849.76	\$1,182.89	\$470.63	\$849.76	\$1,182.89
Employer	\$376.51	\$679.81	\$946.32	\$282.38	\$509.86	\$709.74	\$188.26	\$339.91	\$473.16
Employee	\$94.12	\$169.95	\$236.57	\$188.25	\$339.90	\$473.15	\$282.37	\$509.85	\$709.73
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO Standard	\$404.00	\$799.50	\$1,126.50	\$404.00	\$799.50	\$1,126.50	\$404.00	\$799.50	\$1,126.50
EDC Admin Fee	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89
Total	\$412.63	\$816.76	\$1,152.39	\$412.63	\$816.76	\$1,152.39	\$412.63	\$816.76	\$1,152.39
Employer	\$330.11	\$653.41	\$921.92	\$247.58	\$490.06	\$691.44	\$165.06	\$326.71	\$460.96
Employee	\$82.52	\$163.35	\$230.47	\$165.05	\$326.70	\$460.95	\$247.57	\$490.05	<mark>\$691.43</mark>
	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)	\$333.00	\$655.00	\$922.00	\$333.00	\$655.00	\$922.00	\$333.00	\$655.00	\$922.00
EDC Admin Fee	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89
Total	\$341.63	\$672.26	\$947.89	\$341.63	\$672.26	\$947.89	\$341.63	\$672.26	\$947.89
Employer	\$273.31	\$537.81	\$758.32	\$204.98	\$403.36	\$568.74	\$136.66	\$268.91	\$379.16
Employee	\$68.32	\$134.45	\$189.57	\$136.65	\$268.90	\$379.15	\$204.97	\$403.35	<mark>\$568.73</mark>

Effective January 1, 2022 Contributions are deducted over 24 pay periods

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, 2022

Contributions	are d	deducted	over 24	nav neriode	s
contributions	uic i	luuuuuu	0001 24	puy perious	,

				lucieu over 24					
	FULL T	'IME 64+ HO	URS	PART TIM	E 40 - 63 HO	URS (PER	PART TIM	E 34 - 39 HO	JRS (PER
	(PEF	R PAY PERIO	D)	P	AY PERIOD)		P	AY PERIOD)	
	EE ONLY	<u>EE 21</u>	FAMILY	EE ONLY	EE?1	FAMILY	EE ONLY	EE?1	FAMILY
Blue Shield PPO Standard (\$200)	\$602.00	\$1,084.50	\$1,508.00	\$602.00	\$1,084.50	\$1,508.00	\$602.00	\$1,084.50	\$1,508.00
EDC Admin Fee	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89
Total	\$610.63	\$1,101.76	\$1,533.89	\$610.63	\$1,101.76	\$1,533.89	\$610.63	\$1,101.76	\$1,533.89
Employer	\$396.91	\$716.15	\$997.03	\$297.68	\$537.11	\$747.77	\$198.46	\$358.08	\$498.52
Employee	\$213.72	\$385.61	\$536.86	\$312.95	\$564.65	\$786.12	\$412.17	\$743.68	\$1,035.37
	EE ONLY	EE?1	FAMILY	EE ONLY	EE?1	FAMILY	EE ONLY	EE?1	FAMILY
Blue Shield PPO ABHP Low (\$1400)	\$462.00	\$832.50	\$1,157.00	\$462.00	\$832.50	\$1,157.00	\$462.00	\$832.50	\$1,157.00
EDC Admin Fee	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89
	<i>\$</i> 0.05	<i></i>	<i>425.05</i>	Ş0.05	<i>J17.20</i>	Ψ 2 5.05	<i>Ş</i> 0.05	<i>J17.20</i>	<i>Ş</i> 25.05
Total	\$470.63	\$849.76	\$1,182.89	\$470.63	\$849.76	\$1,182.89	\$470.63	\$849.76	\$1,182.89
Employer	\$305.91	\$552.35	\$768.88	\$229.43	\$414.26	\$576.66	\$152.96	\$276.18	\$384.44
Employee	\$164.72	\$297.41	\$414.01	\$241.20	\$435.50	\$606.23	\$317.67	\$573.58	\$798.45
	EE ONLY	EE 21	FAMILY	EE ONLY	EE?1	FAMILY	EE ONLY	EE21	FAMILY
Kaiser HMO Standard	\$404.00	<u>5799.50</u>	\$1,126.50	<u>5404.00</u>	\$799.50	\$1,126.50	<u>5404.00</u>	<u>5799.50</u>	\$1,126.50
						. ,			. ,
EDC Admin Fee	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89
Total	\$412.63	\$816.76	\$1,152.39	\$412.63	\$816.76	\$1,152.39	\$412.63	\$816.76	\$1,152.39
Employer	\$268.21	\$530.90	\$749.06	\$201.16	\$398.18	\$561.80	\$134.11	\$265.45	\$374.53
Employee	\$144.42	\$285.86	\$403.33	\$211.47	\$418.58	\$590.59	\$278.52	\$551.31	\$777.86
			-		-				
	EE ONLY		FAMILY	EE ONLY		FAMILY	EE ONLY		FAMILY
Kaiser HMO ABHP (\$1400)	\$333.00	\$655.00	\$922.00	\$333.00	\$655.00	\$922.00	\$333.00	\$655.00	\$922.00
EDC Admin Fee	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89
Total	\$341.63	\$672.26	\$947.89	\$341.63	\$672.26	\$947.89	\$341.63	\$672.26	\$947.89
Employer	\$222.06	\$436.97	\$616.13	\$166.55	\$327.73	\$462.10	\$111.03	\$218.49	\$308.07
Employee	\$119.57	\$235.29	\$331.76	\$175.08	\$344.53	\$485.79	\$230.60	\$453.77	\$639.82
								-	
	NOTE: Employee			NOTE: Employee			NOTE: Employee		
	receive Optional								
	used to offset en			used to offset er			used to offset er		
	BD: \$6,000 (\$25	, , , ,	,	BD: \$6,000 (\$25	, ,,	,	BD: \$6,000 (\$25	, ,,	,
	CA, MA, & SM: \$	ь,240 (\$260 for	24 pay	CA, MA, & SM: \$	ь4,680 (\$195 foi	r 24 pay	CA, MA, & SM: \$	53,120 (\$130 for	24 pay
	periods)			periods)			periods)		

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 unit

SA (Law Enforcement)

Effective January 1, 2022

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS				
	EE ONLY	<u>EE+1</u>	FAMILY		
Blue Shield PPO Standard (\$200)	\$602.00	\$1 <i>,</i> 084.50	\$1,508.00		
EDC Admin Fee	\$8.63	\$17.26	\$25.89		
Total	\$610.63	\$1,101.76	\$1,533.89		
Employer	\$396.91	\$716.15	\$997.03		
Employee	\$213.72	\$385.61	<mark>\$536.86</mark>		
	EE ONLY	<u>EE+1</u>	FAMILY		
Blue Shield PPO ABHP Low (\$1400)	\$462.00	\$832.50	\$1,157.00		
EDC Admin Fee	\$8.63	\$17.26	\$25.89		
Total	\$470.63	\$849.76	\$1,182.89		
Employer	\$305.91	\$552.35	\$768.88		
Employee	\$164.72	\$297.41	\$414.01		
	EE ONLY	<u>EE+1</u>	FAMILY		
Kaiser HMO Standard	\$404.00	\$799.50	\$1,126.50		
EDC Admin Fee	\$8.63	\$17.26	\$25.89		
Total	\$412.63	\$816.76	\$1,152.39		
Employer	\$268.21	\$530.90	\$749.06		
Employee	\$144.42	\$285.86	\$403.33		
	EE ONLY	<u>EE+1</u>	FAMILY		
Kaiser HMO ABHP (\$1400)	\$333.00	\$655.00	\$922.00		
EDC Admin Fee	\$8.63	\$17.26	\$25.89		
Total	\$341.63	\$672.26	\$947.89		
Employer	\$222.06	\$436.97	\$616.13		
Employee	\$119.57	\$235.29	\$331.76		
		oyees receive			
		ods in Optional	-		
		ch can be usea			
		ontributions. (24 pay		
	perioas at Ş	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)

Contributions are deducted over 24 pay periods									
	FULL	TIME 64+ F	IOURS	PART T	IME 40 - 63	HOURS	PART T	IME 32 - 39	HOURS
	(PE	(PER PAY PERIOD)			(PER PAY PERIOD)			R PAY PER	IOD)
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Blue Shield PPO Standard (\$200)	\$602.00	\$1,084.50	\$1,508.00	\$602.00	\$1,084.50	\$1,508.00	\$602.00	\$1,084.50	\$1,508.00
EDC Admin Fee	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89
Total	\$610.63	\$1,101.76	\$1,533.89	\$610.63	\$1,101.76	\$1,533.89	\$610.63	\$1,101.76	\$1,533.89
Employer	\$460.77	\$831.22	\$1,157.41	\$345.58	\$623.42	\$868.06	\$230.39	\$415.61	\$578.71
Employee	\$149.86	\$270.54	\$376.48	<mark>\$265.05</mark>	\$478.34	\$665.83	\$380.24	\$686.15	<mark>\$955.18</mark>
	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)	\$462.00	\$832.50	\$1,157.00	\$462.00	\$832.50	\$1,157.00	\$462.00	\$832.50	\$1,157.00
EDC Admin Fee	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89
Total	\$470.63	\$849.76	\$1,182.89	\$470.63	\$849.76	\$1,182.89	\$470.63	\$849.76	\$1,182.89
Employer	\$280.17	\$506.25	\$704.91	\$210.13	\$379.69	\$528.68	\$140.09	\$253.13	\$352.46
Employee	\$190.46	\$343.51	\$477.98	\$260.50	\$470.07	\$654.21	\$330.54	\$596.63	\$830.43
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO Standard	\$404.00	\$799.50	\$1,126.50	\$404.00	\$799.50	\$1,126.50	\$404.00	\$799.50	\$1,126.50
EDC Admin Fee	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89
Total	\$412.63	\$816.76	\$1,152.39	\$412.63	\$816.76	\$1,152.39	\$412.63	\$816.76	\$1,152.39
Employer	\$302.05	\$595.59	\$838.95	\$226.54	\$446.69	\$629.21	\$151.03	\$297.80	\$419.48
Employee	\$110.58	\$221.17	\$313.44	\$186.09	\$370.07	\$523.18	\$261.60	\$518.96	\$732.91
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Kaiser HMO ABHP (\$1400)	\$333.00	\$655.00	\$922.00	\$333.00	\$655.00	\$922.00	\$333.00	\$655.00	\$922.00
EDC Admin Fee	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89	\$8.63	\$17.26	\$25.89
Total	\$341.63	\$672.26	\$947.89	\$341.63	\$672.26	\$947.89	\$341.63	\$672.26	\$947.89
Employer	\$250.09	\$489.17	\$688.34	\$187.57	\$366.88	\$516.26	\$125.05	\$072.20 \$244.59	\$344.17
Employee	\$91.54	\$183.09	\$259.55	\$154.06	\$305.38	\$431.63	\$216.58	\$427.67	\$603.72
		oyees receive	-		oyees receive	-	-	oyees receive	
		ds in Optional			ds in Optional			ods in Optional	
		ch can be used		credits, which can be used to offset				ch can be used	
		ontributions. (24 pay	employee contributions. (24 pay				ontributions. (24 pay
	periods at \$	260 each)		periods at \$	195 each)		periods at \$	130 each)	

Effective January 1, 2022

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, 2022

Contributions are deducted over 24 pay periods

	EE ONLY	<u>EE?1</u>	FAMILY
Blue Shield PPO ABHP High (\$2000)	\$415.50	\$750.00	\$1,041.50
EDC Admin Fee	\$8.63	\$17.26	\$25.89
Total	\$424.13	\$767.26	\$1,067.39
Employer	\$382.33	\$382.33	\$382.33
Employee	\$41.80	\$384.93	\$685.06

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, 2022

Contributions are deducted over 24 pay periods

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

				ndatory when participating in a County sponsored health plan.						
	FULL TIME		•		PART TIME 40 - 63 HOURS			PART TIME 32 - 39 HOURS		
	PAY PERIOD)			-	(PER PAY PERIOD)			(PER PAY PERIOD)		
	For employees in GE, PL, SU,			For emplo	For employees in GE, PL, SU,			For employees in GE, PL, SU,		
	то	C, PR & CR		Т	C, PR & CR		TC, PR & CR			
	EE ONLY	EE?1	FAMILY	EE ONLY	<u>EE?1</u>	FAMILY	EE ONLY	EE?1	FAMILY	
DELTA DENTAL PPO+PREMIER	\$25.83	\$46.49	\$64.57	\$25.83	\$46.49	\$64.57	\$25.83	\$46.49	\$64.57	
VSP CHOICE	\$2.08	\$4.16	\$6.71	\$2.08	\$4.16	\$6.71	\$2.08	\$4.16	\$6.71	
Total	\$27.91	\$50.65	\$71.28	\$27.91	\$50.65	\$71.28	\$27.91	\$50.65	\$71.28	
Employer	\$22.33	\$40.52	\$57.03	\$16.75	\$30.39	\$42.77	\$11.17	\$20.26	\$28.52	
Employee	\$5.58	\$10.13	\$14.25	\$11.16	\$20.26	<mark>\$28.51</mark>	\$16.74	\$30.39	\$42.76	
	For emplo	yees in ba	rgaining							
		unit SA								
	EE ONLY	<u>EE 21</u>	FAMILY							
DELTA DENTAL PPO+PREMIER	\$25.83	\$46.49	\$64.57							
VSP CHOICE	\$1.76	\$3.52	\$5.68							
Total	\$27.59	\$50.01	\$70.25							
Employer	\$17.94	\$32.51	\$45.67							
Employee	\$9.65	\$17.50	\$24.58							
	NOTE: Employee									
	pay periods in Op which can be use									
	contributions. (2									
	each)									
		voor in ha	razinina	L For omple	wood in he	racinina	- For omple	wood in ha	racinina	
	For emplo	-	rgaining	For empic	oyees in ba	irgaining	For empic	oyees in ba	rgaining	
		units		units			units			
		EL, UM & I			EL, UM &			EL, UM & l		
	EE ONLY	<u>EE ? 1</u>	FAMILY	EE ONLY	<u>EEP1</u>	FAMILY	EE ONLY	<u>EE?1</u>	FAMILY	
DELTA DENTAL PPO+PREMIER VSP CHOICE	\$25.83	\$46.49	\$64.57	\$25.83	\$46.49	\$64.57	\$25.83	\$46.49	\$64.57	
VSP CHOICE	\$2.08	\$4.16	\$6.71	\$2.08	\$4.16	\$6.71	\$2.08	\$4.16	\$6.71	
Total	\$27.91	\$50.65	\$71.28	\$27.91	\$50.65	\$71.28	\$27.91	\$50.65	\$71.28	
Employer	\$17.49	\$31.70	\$44.56	\$13.12	\$23.78	\$33.42	\$8.75	\$15.85	\$22.28	
Employee	\$10.42	\$18.95	\$26.72	\$14.79	\$26.87	\$37.86	\$19.16	\$34.80	\$49.00	
	NOTE: Employee	s receive \$6,2	40 over 24	NOTE: Employee	es receive \$4,6	i80 over 24	NOTE: Employee	es receive \$3,1	20 over 24	
	pay periods in O	otional Benefit	credits,	pay periods in Optional Benefit credits,			pay periods in O	ptional Benefit	credits,	
	which can be use			which can be us			which can be us			
	contributions. (2 each)	4 pay perioas	at \$260	contributions. (. each)	24 pay perioas	at \$195	contributions. (. each)	24 pay perioas	at \$130	
	,			,			,			
	FULL TIME				/IE 40 - 63			/IE 34 - 39		
		Y PERIOD	-	-	PAY PERI	-		PAY PERIC	-	
	For emplo	-			oyees in ba		· ·	oyees in ba	0 0	
	units BI	D, CA, MA	& SM	units B	D, CA, MA	& SM	units B	D, CA, MA	& SM	
	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	\$25.83	\$46.49	\$64.57	\$25.83	\$46.49	\$64.57	\$25.83	\$46.49	\$64.57	
VSP CHOICE	\$2.08	\$4.16	\$6.71	\$2.08	\$4.16	\$6.71	\$2.08	\$4.16	\$6.71	
Total	\$27.01	¢50.65	¢71 20	\$27.01	\$50.65	¢71 20	\$27.01	\$50.65	¢71 20	
Total Employer	\$27.91 \$18.15	\$50.65 \$32.93	\$71.28 \$46.34	\$27.91 \$13.61	\$50.65 \$24.70	\$71.28 \$34.76	\$27.91 \$9.08	\$50.65 \$16.47	\$71.28 \$23.17	
Employee	\$18.15 \$9.76	\$52.95 \$17.72	\$40.54 \$24.94	\$13.81 \$14.30	\$24.70 \$25.95	\$34.70 \$36.52	\$9.08 \$18.83	\$10.47 \$34.18	\$25.17 \$48.11	
	<i>\$5.70</i>	<i>Ş11.12</i>	724.34	914.30	<i>423.33</i>	730.32	910.05	734.10	9 4 0.11	
	NOTE: Employee	-	-	NOTE: Employee			NOTE: Employee	-	-	
	receive Optional			receive Optional			receive Optional			
	be used to offset BD: \$6,000 (24 p			BD: \$6,000 (24 pay periods at \$250) BD: \$6,000 (24						
	CA, MA, SM: \$6,.		-				CA, MA, SM: \$3,			
	\$260)			\$195)			^{\$130)} 21-1071			
							21-1071	A 0 01 9		

RETIREES

Effective January 1, 2022 - December 31, 2022

Monthly Rates and Contributions

		wonthing h	ules unu	Contributions					
EARLY RETIREES (PRE 65 NO M	EDICARE)		MEDICARE RETIREES	(ENROLLI	ED IN PART	S A&B)		
	SINGLE	2 PARTY	FAMILY		1 IN A&B	22er enro22e	ed member]	
Blue Shield PPO \$200	\$1,204.00	\$2,169.00	\$3,016.00	UHC Advantage PPO		\$436.21			
VSP Choice	\$4.17	\$8.33	\$13.42	EDC Admin Fee		\$17.26			
EDC Admin Fee	\$17.26	\$34.52	\$51.78	BCC Fee (for non-PRISM pla	n)	\$7.00			
Total	\$1,225.43	\$ <mark>2,211.85</mark>	<mark>\$3,081.20</mark>	Total		\$460.47			
	SINGLE	<u>2 PARTY</u>	FAMILY		SINGLE	2 PA	RTY	FAI	MILY
Blue Shield PPO \$1400 ABHP	\$924.00	\$1,665.00	\$2,314.00		<u>1 IN A&B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&B</u>	<u>1 IN 2 OUT</u>	2 IN 1 OUT
VSP Choice	\$4.17	\$8.33	\$13.42	Kaiser Senior Advantage	\$431.00	\$1,239.00	\$846.00	\$1,876.00	\$1,500.00
EDC Admin Fee	\$17.26	\$34.52	\$51.78	EDC Admin Fee	\$17.26	\$34.52	\$34.52	\$51.78	\$51.78
Total	\$945.43	\$1,707.85	\$2,379.20	Total	\$448.26	\$1,273.52	\$880.52	\$1,927.78	\$1,551.78
	SINGLE				SINGLE	2.04			
Plue Shield PDO \$2000 APUD	\$831.00	<u>2 PARTY</u> \$1,500.00	FAMILY		1 IN A&B	2 PA 1 IN 1 OUT			<i>MILY</i> 2 IN 1 OUT
Blue Shield PPO \$2000 ABHP VSP Choice	\$831.00 \$4.17	\$1,500.00 \$8.33	\$2,083.00 \$13.42	Kaiser Sr Adv ABHP Low	\$428.00	\$1,072.00		\$1,606.00	
EDC Admin Fee	\$4.17	\$8.55 \$34.52	\$13.42	EDC Admin Fee	\$428.00 \$17.26	\$1,072.00	\$34.52	\$1,000.00	\$1,373.00 \$51.78
LDC Adminiee	Ş17.20	334.JZ	ŞJ1.78	LDC Admini Pee	Ş17.20	334.JZ	334.JZ	ŞJ1.78	\$51.78
Total	\$852.43	\$1,542.85	\$2,148.20	Total	\$445.26	\$1,106.52	\$875.52	\$1,657.78	\$1,426.78
	<u>SINGLE</u>	<u>2 PARTY</u>	FAMILY						
Kaiser HMO	\$808.00	\$1,599.00	\$2,253.00						
VSP Choice	\$4.17	\$8.33	\$13.42	RETIREE HE		NTRIBUTIO	N (RHC)		1
EDC Admin Fee	\$17.26	\$34.52	\$51.78	YEARS OF SERVICE		LEVEL	PRE 65	65+	1
				12 THRU 14		LEVEL 1	\$349.95	\$139.56	
Total	\$829.43	\$1,641.85	\$2,318.20	15 THRU 19		LEVEL 2	\$530.23	\$211.46	
				20 +		LEVEL 3	\$710.51	\$283.35	
	<u>SINGLE</u>	<u>2 PARTY</u>	FAMILY	LOCAL 1 20+ YEARS ONLY*	4 Y	EAR OPTION	\$1,060.47	\$422.91	
Kaiser HMO \$1400 ABHP	\$666.00	\$1,310.00	\$1,844.00	*The 4-Year option is only	available to	local 1 mom	hore with 20) waars of	
VSP Choice	\$4.17	\$8.33	\$13.42	service and must hav					
EDC Admin Fee	\$17.26	\$34.52	\$51.78	Service and must hav		ieu ui ine tin	ie oj retirem	ent.	J
Total	\$687.43	\$1,352.85	\$1,909.20						

OPTIONAL DENTAL COVERAGE*								
SINGLE <u>2 PARTY</u> FAMILY								
Delta Dental PPO+Premier \$51.66 \$92.99 \$129.15								
*If you previously dropped dental coverage, you cannot reenroll.								

OPTIONAL MEDICARE VISION COVERAGE*							
<u>SINGLE 2 PARTY FAMILY</u>							
VSP Choice	\$4.17	\$8.33	\$13.42				
*Medicare Retirees have the option of purchasing VSP at the time of initial							
enrollment only. If dropped, it cannot be reinstated.							

KAISER NOTE : 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. The following rates are charged per member in this category:

	KAISER HMO	KAISER HMO \$1400 ABHP
Unassigned Medicare 65+ Missing A&B, or Have B Only	\$2,102.00	\$2,299.00
VSP Choice	\$4.17	\$4.17
EDC Admin Fee	\$17.26	\$17.26
Total	\$2,123.43	\$2,320.43
Unassigned Medicare 65+ Missing B Only	\$1,664.00	\$1,859.00
VSP Choice	\$4.17	\$4.17
EDC Admin Fee	\$17.26	\$17.26
Total	\$1,685.43	\$1,880.43

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective J	anuary 1, 20	022						
WITH NO RETIREE COVERAGE								
Blue Shield PPO \$2000 ABHP Delta Dental PPO+Premier	<u>EE ONLY</u> \$831.00 \$51.66	<u>EE+1</u> \$1,500.00 \$92.99	<u>FAMILY</u> \$2,083.00 \$129.15					
VSP Choice EDC Admin Fee	\$4.17 \$17.26	\$8.33 \$34.52	\$13.42 \$51.78					
Total	\$904.09	\$1,635.84	\$2,277.35					
Blue Shield PPO \$1400 ABHP Delta Dental PPO+Premier VSP Choice EDC Admin Fee	EE ONLY \$924.00 \$51.66 \$4.17 \$17.26	<u>EE+1</u> \$1,665.00 \$92.99 \$8.33 \$34.52	<u>FAMILY</u> \$2,314.00 \$129.15 \$13.42 \$51.78					
Total	\$997.09	\$1,800.84	\$2,508.35					
Blue Shield PPO \$200 Delta Dental PPO+Premier VSP Choice EDC Admin Fee Total	EE ONLY \$1,204.00 \$51.66 \$4.17 \$17.26 \$1,277.09	EE+1 \$2,169.00 \$92.99 \$8.33 \$34.52 \$2,304.84	FAMILY \$3,016.00 \$129.15 \$13.42 \$51.78 \$3,210.35					
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee	EE ONLY \$808.00 \$51.66 \$4.17 \$17.26	<u>EE+1</u> \$1,599.00 \$92.99 \$8.33 \$34.52	FAMILY \$2,253.00 \$129.15 \$13.42 \$51.78					
Total	\$881.09	\$1,734.84	\$2,447.35					
Kaiser HMO \$1400 ABHP Delta Dental PPO+Premier VSP Choice EDC Admin Fee	EE ONLY \$666.00 \$51.66 \$4.17 \$17.26	EE+1 \$1,310.00 \$92.99 \$8.33 \$34.52	FAMILY \$1,844.00 \$129.15 \$13.42 \$51.78					
Total	\$739.09	\$1,445.84	\$2,038.35					

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2022

WITH RETIREE COVERAGE					
	EE ONLY	<u>EE+1</u>	FAMILY		
Blue Shield PPO \$2000 ABHP	\$831.00	\$1,500.00	\$2,083.00		
Delta Dental PPO+Premier	\$51.66	\$92.99	\$129.15		
VSP Choice	\$4.17	\$8.33	\$13.42		
EDC Admin Fee	\$17.26	\$34.52	\$51.78		
2% Fee for retiree coverage	\$18.08	\$32.72	\$45.55		
Total	\$922.17	\$1,668.56	\$2,322.90		
	EE ONLY	<u>EE+1</u>	FAMILY		
Blue Shield PPO \$1400 ABHP	\$924.00	\$1,665.00	\$2,314.00		
Delta Dental PPO+Premier	\$51.66	\$92.99	\$129.15		
VSP Choice	\$4.17	\$8.33	\$13.42		
EDC Admin Fee	\$17.26	\$34.52	\$51.78		
2% Fee for retiree coverage	\$19.94	\$36.02	\$50.17		
Total	\$1,017.03	\$1,836.86	\$2,558.52		
	EE ONLY	<u>EE+1</u>	FAMILY		
Blue Shield PPO \$200	\$1,204.00	\$2,169.00	\$3,016.00		
Delta Dental PPO+Premier	\$51.66	\$92.99	\$129.15		
VSP Choice	\$4.17	\$8.33	\$13.42		
EDC Admin Fee	\$17.26	\$34.52	\$51.78		
2% Fee for retiree coverage	\$25.54	\$46.10	\$64.21		
		40.000.00	40.000.000		

Total	\$1,302.63	\$2,350.94	\$3,274.56
	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO	\$808.00	\$1,599.00	\$2,253.00
Delta Dental PPO+Premier	\$51.66	\$92.99	\$129.15
VSP Choice	\$4.17	\$8.33	\$13.42
EDC Admin Fee	\$17.26	\$34.52	\$51.78
2% Fee for retiree coverage	\$17.62	\$34.70	\$48.95
Total	\$898.71	\$1,769.54	\$2,496.30
	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO \$1400 ABHP	\$666.00	\$1,310.00	\$1,844.00
Delta Dental PPO+Premier	\$51.66	\$92.99	\$129.15
VSP Choice	\$4.17	\$8.33	\$13.42
EDC Admin Fee	\$17.26	\$34.52	\$51.78
2% Fee for retiree coverage	\$14.78	\$28.92	\$40.77
Total	\$753.87	\$1,474.76	\$ <mark>2,079.12</mark>

HEALTH PLAN CONTRIBUTION RATES						
COBRA						
Effective January 1, 2022						
	EE ONLY	<u>EE+1</u>	FAMILY			
Blue Shield PPO \$2000 ABHP	\$831.00					
Delta Dental PPO+Premier	\$51.66	\$92.99				
VSP Choice	\$4.17					
EDC Admin Fee	\$17.26					
2% COBRA Admin Fee	Ş18.08	\$32.72	\$45.55			
Total	\$922.17	\$1,668.56	<mark>\$2,322.90</mark>			
	<u>EE ONLY</u>	<u>EE+1</u>	FAMILY			
Blue Shield PPO \$1400 ABHP	\$924.00	-	\$2,314.00			
Delta Dental PPO+Premier	\$51.66	\$92.99				
VSP Choice	\$4.17					
EDC Admin Fee	\$17.26					
2% COBRA Admin Fee	\$19.94	\$36.02	\$50.17			
Total	\$1,017.03	\$1,836.86	\$2,558.52			
	<u>EE ONLY</u>	<u>EE+1</u>	FAMILY			
Blue Shield PPO \$200	\$1,204.00		\$3,016.00			
Delta Dental PPO+Premier	\$51.66					
VSP Choice	\$4.17					
EDC Admin Fee	\$17.26	\$34.52				
2% COBRA Admin Fee	\$25.54	\$46.10	\$64.21			
Total	\$1,302.63	\$2,350.94	\$3,274.56			
	EE ONLY	<u>EE+1</u>	FAMILY			
Kaiser HMO	\$808.00					
Delta Dental PPO+Premier		\$92.99				
VSP Choice	\$4.17					
EDC Admin Fee	\$17.26		•			
2% COBRA Admin Fee	\$17.62					
Total	\$898.71	\$1,769.54	\$2,496.30			
	EE ONLY	<u>EE+1</u>	FAMILY			
Kaiser HMO \$1400 ABHP	\$666.00					
Delta Dental PPO+Premier	\$51.66	\$92.99				
VSP Choice	\$4.17					
EDC Admin Fee		\$34.52				
2% COBRA Admin Fee	\$14.78	\$28.92	\$40.77			
Total	\$753.87	\$1,474.76	\$2,079.12			
Employee Assistance Program (EAP)						
	regardless of	• •	olled			