

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2015			
WITH NO RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$825.69	\$1,488.38	\$2,069.45
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$900.13	\$1,626.41	\$2,266.79
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,074.69	\$1,936.38	\$2,691.45
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$1,149.13	\$2,074.41	\$2,888.79
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$610.60	\$1,221.21	\$1,728.01
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$22.32
Total	\$685.04	\$1,359.24	\$1,903.04
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$483.53	\$967.07	\$1,368.40
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$557.97	\$1,105.10	\$1,565.74
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$867.61	\$1,778.47	\$2,515.94
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$942.05	\$1,916.50	\$2,713.28

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Blue Shield PPO \$1300 ABHP	\$825.69	\$1,488.38	\$2,069.45
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
2% Fee for retiree coverage	\$18.00	\$32.53	\$45.34
Total	\$918.13	\$1,658.94	\$2,312.13
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,074.69	\$1,936.38	\$2,691.45
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
2% Fee for retiree coverage	\$22.98	\$41.49	\$57.78
Total	\$1,172.11	\$2,115.90	\$2,946.57
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$610.60	\$1,221.21	\$1,728.01
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
2% Fee for retiree coverage	\$13.70	\$27.18	\$38.51
Total	\$698.74	\$1,386.42	\$1,963.86
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$483.53	\$967.07	\$1,368.40
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
2% Fee for retiree coverage	\$11.16	\$22.10	\$31.31
Total	\$569.13	\$1,127.20	\$1,597.05
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$867.61	\$1,778.47	\$2,515.94
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
2% Fee for retiree coverage	\$18.84	\$38.33	\$54.27
Total	\$960.89	\$1,954.83	\$2,767.55