

HEALTH PLAN CONTRIBUTION RATES

COBRA

Effective July 23, 2016

| | <u>EE ONLY</u> | <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 |
| | | | |
| | <u>EE ONLY</u> | <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>EE ONLY</u> | <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 |
| | | | |
| | <u>EE ONLY</u> | <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 |
| | | | |
| | <u>EE ONLY</u> | <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% COBRA Admin Fee | \$11.65 | \$23.09 | \$32.72 |
| Total | \$594.31 | \$1,177.56 | \$1,668.59 |
| Employee Assistance Program (EAP) | | | |
| \$5.55 regardless of number enrolled | | | |