

HEALTH PLAN CONTRIBUTION RATES

COBRA

Effective January 1, 2017

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$796.96	\$1,437.77	\$1,998.85
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$18.98	\$37.96	\$56.94
2% COBRA Admin Fee	\$17.50	\$31.65	\$44.13
Total	\$892.30	\$1,614.25	\$2,250.38

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$883.96	\$1,593.77	\$2,215.85
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$18.98	\$37.96	\$56.94
2% COBRA Admin Fee	\$19.24	\$34.77	\$48.47
Total	\$981.04	\$1,773.37	\$2,471.72

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,149.96	\$2,072.77	\$2,880.85
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$18.98	\$37.96	\$56.94
2% COBRA Admin Fee	\$24.56	\$44.35	\$61.77
Total	\$1,252.36	\$2,261.95	\$3,150.02

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$641.84	\$1,268.35	\$1,788.35
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$18.98	\$37.96	\$56.94
2% COBRA Admin Fee	\$14.39	\$28.26	\$39.92
Total	\$734.07	\$1,441.44	\$2,035.67

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$526.99	\$1,038.71	\$1,463.44
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$18.98	\$37.96	\$56.94
2% COBRA Admin Fee	\$12.10	\$23.67	\$33.42
Total	\$616.93	\$1,207.21	\$1,704.26

Employee Assistance Program (EAP)

\$5.55 regardless of number enrolled