

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2017			
WITH NO RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$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
<b>Total</b>	<b>\$874.80</b>	<b>\$1,582.60</b>	<b>\$2,206.25</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$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
<b>Total</b>	<b>\$961.80</b>	<b>\$1,738.60</b>	<b>\$2,423.25</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$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
<b>Total</b>	<b>\$1,227.80</b>	<b>\$2,217.60</b>	<b>\$3,088.25</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$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
<b>Total</b>	<b>\$719.68</b>	<b>\$1,413.18</b>	<b>\$1,995.75</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$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
<b>Total</b>	<b>\$604.83</b>	<b>\$1,183.54</b>	<b>\$1,670.84</b>

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WITH RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$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% Fee for retiree coverage	\$17.50	\$31.65	\$44.13
<b>Total</b>	<b>\$892.30</b>	<b>\$1,614.25</b>	<b>\$2,250.38</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1300 ABHP</b>	\$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% Fee for retiree coverage	\$19.24	\$34.77	\$48.47
<b>Total</b>	<b>\$981.04</b>	<b>\$1,773.37</b>	<b>\$2,471.72</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$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% Fee for retiree coverage	\$24.56	\$44.35	\$61.77
<b>Total</b>	<b>\$1,252.36</b>	<b>\$2,261.95</b>	<b>\$3,150.02</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$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% Fee for retiree coverage	\$14.39	\$28.26	\$39.92
<b>Total</b>	<b>\$734.07</b>	<b>\$1,441.44</b>	<b>\$2,035.67</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1300 ABHP</b>	\$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% Fee for retiree coverage	\$12.10	\$23.67	\$33.42
<b>Total</b>	<b>\$616.93</b>	<b>\$1,207.21</b>	<b>\$1,704.26</b>