

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2018			
WITH NO RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>BLUE SHIELD PPO ABHP HIGH</b>	\$807.46	\$1,457.71	\$2,026.19
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
<b>Total</b>	<b>\$883.73</b>	<b>\$1,599.41</b>	<b>\$2,228.89</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>BLUE SHIELD PPO ABHP LOW</b>	\$896.46	\$1,615.71	\$2,246.19
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
<b>Total</b>	<b>\$972.73</b>	<b>\$1,757.41</b>	<b>\$2,448.89</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>BLUE SHIELD PPO STANDARD</b>	\$1,165.46	\$2,100.71	\$2,920.19
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
<b>Total</b>	<b>\$1,241.73</b>	<b>\$2,242.41</b>	<b>\$3,122.89</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>KAISER HMO STANDARD</b>	\$680.00	\$1,344.00	\$1,895.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
<b>Total</b>	<b>\$756.27</b>	<b>\$1,485.70</b>	<b>\$2,097.70</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>KAISER HMO ABHP</b>	\$559.00	\$1,101.00	\$1,551.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
<b>Total</b>	<b>\$635.27</b>	<b>\$1,242.70</b>	<b>\$1,753.70</b>

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2018			
WITH RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>BLUE SHIELD PPO ABHP HIGH</b>	\$807.46	\$1,457.71	\$2,026.19
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
2% Fee for retiree coverage	\$17.67	\$31.99	\$44.58
<b>Total</b>	<b>\$901.40</b>	<b>\$1,631.40</b>	<b>\$2,273.47</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>BLUE SHIELD PPO ABHP LOW</b>	\$896.46	\$1,615.71	\$2,246.19
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
2% Fee for retiree coverage	\$19.45	\$35.15	\$48.98
<b>Total</b>	<b>\$992.18</b>	<b>\$1,792.56</b>	<b>\$2,497.87</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>BLUE SHIELD PPO STANDARD</b>	\$1,165.46	\$2,100.71	\$2,920.19
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
2% Fee for retiree coverage	\$24.83	\$44.85	\$62.46
<b>Total</b>	<b>\$1,266.56</b>	<b>\$2,287.26</b>	<b>\$3,185.35</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>KAISER HMO STANDARD</b>	\$680.00	\$1,344.00	\$1,895.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
2% Fee for retiree coverage	\$15.13	\$29.71	\$41.95
<b>Total</b>	<b>\$771.40</b>	<b>\$1,515.41</b>	<b>\$2,139.65</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>KAISER HMO ABHP</b>	\$559.00	\$1,101.00	\$1,551.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$17.41	\$34.83	\$52.24
2% Fee for retiree coverage	\$12.71	\$24.85	\$35.07
<b>Total</b>	<b>\$647.98</b>	<b>\$1,267.55</b>	<b>\$1,788.77</b>