

HEALTH PLAN CONTRIBUTION RATES

COBRA

Effective January 1, 2019

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP High	\$829.47	\$1,498.34	\$2,082.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
2% COBRA Admin Fee	\$18.04	\$32.64	\$45.46
Total	\$919.83	\$1,664.76	\$2,318.30

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP Low	\$920.47	\$1,660.34	\$2,308.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
2% COBRA Admin Fee	\$19.86	\$35.88	\$49.98
Total	\$1,012.65	\$1,830.00	\$2,548.82

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO Standard	\$1,196.47	\$2,156.34	\$2,998.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
2% COBRA Admin Fee	\$25.38	\$45.80	\$63.78
Total	\$1,294.17	\$2,335.92	\$3,252.62

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO Standard	\$713.00	\$1,410.00	\$1,987.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
2% COBRA Admin Fee	\$15.71	\$30.88	\$43.55
Total	\$801.03	\$1,574.66	\$2,221.19

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO ABHP	\$587.00	\$1,155.00	\$1,627.00
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
VSP Choice	\$3.74	\$7.47	\$12.03
EDC Admin Fee	\$14.30	\$28.60	\$42.90
2% COBRA Admin Fee	\$13.19	\$25.78	\$36.35
Total	\$672.51	\$1,314.56	\$1,853.99

Employee Assistance Program (EAP)

\$5.27 regardless of number enrolled