

# HEALTH PLAN CONTRIBUTION RATES

## COBRA

Effective January 1, 2020

|                                    | <u>EE ONLY</u>  | <u>EE+1</u>       | <u>FAMILY</u>     |
|------------------------------------|-----------------|-------------------|-------------------|
| <b>Blue Shield PPO \$2000 ABHP</b> | \$843.14        | \$1,522.20        | \$2,114.57        |
| Delta Dental PPO+Premier           | \$51.79         | \$93.22           | \$129.47          |
| VSP Choice                         | \$4.49          | \$8.97            | \$14.44           |
| EDC Admin Fee                      | \$14.94         | \$29.89           | \$44.83           |
| 2% COBRA Admin Fee                 | \$18.29         | \$33.09           | \$46.07           |
| <b>Total</b>                       | <b>\$932.65</b> | <b>\$1,687.37</b> | <b>\$2,349.38</b> |

|                                    | <u>EE ONLY</u>    | <u>EE+1</u>       | <u>FAMILY</u>     |
|------------------------------------|-------------------|-------------------|-------------------|
| <b>Blue Shield PPO \$1400 ABHP</b> | \$937.06          | \$1,689.38        | \$2,347.80        |
| Delta Dental PPO+Premier           | \$51.79           | \$93.22           | \$129.47          |
| VSP Choice                         | \$4.49            | \$8.97            | \$14.44           |
| EDC Admin Fee                      | \$14.94           | \$29.89           | \$44.83           |
| 2% COBRA Admin Fee                 | \$20.17           | \$36.43           | \$50.73           |
| <b>Total</b>                       | <b>\$1,028.45</b> | <b>\$1,857.89</b> | <b>\$2,587.27</b> |

|                              | <u>EE ONLY</u>    | <u>EE+1</u>       | <u>FAMILY</u>     |
|------------------------------|-------------------|-------------------|-------------------|
| <b>Blue Shield PPO \$200</b> | \$1,221.89        | \$2,201.26        | \$3,059.88        |
| Delta Dental PPO+Premier     | \$51.79           | \$93.22           | \$129.47          |
| VSP Choice                   | \$4.49            | \$8.97            | \$14.44           |
| EDC Admin Fee                | \$14.94           | \$29.89           | \$44.83           |
| 2% COBRA Admin Fee           | \$25.86           | \$46.67           | \$64.97           |
| <b>Total</b>                 | <b>\$1,318.97</b> | <b>\$2,380.01</b> | <b>\$3,313.59</b> |

|                          | <u>EE ONLY</u>  | <u>EE+1</u>       | <u>FAMILY</u>     |
|--------------------------|-----------------|-------------------|-------------------|
| <b>Kaiser HMO</b>        | \$755.00        | \$1,494.00        | \$2,105.00        |
| Delta Dental PPO+Premier | \$51.79         | \$93.22           | \$129.47          |
| VSP Choice               | \$4.49          | \$8.97            | \$14.44           |
| EDC Admin Fee            | \$14.94         | \$29.89           | \$44.83           |
| 2% COBRA Admin Fee       | \$16.52         | \$32.52           | \$45.87           |
| <b>Total</b>             | <b>\$842.74</b> | <b>\$1,658.60</b> | <b>\$2,339.61</b> |

|                               | <u>EE ONLY</u>  | <u>EE+1</u>       | <u>FAMILY</u>     |
|-------------------------------|-----------------|-------------------|-------------------|
| <b>Kaiser HMO \$1400 ABHP</b> | \$622.00        | \$1,224.00        | \$1,723.00        |
| Delta Dental PPO+Premier      | \$51.79         | \$93.22           | \$129.47          |
| VSP Choice                    | \$4.49          | \$8.97            | \$14.44           |
| EDC Admin Fee                 | \$14.94         | \$29.89           | \$44.83           |
| 2% COBRA Admin Fee            | \$13.86         | \$27.12           | \$38.23           |
| <b>Total</b>                  | <b>\$707.08</b> | <b>\$1,383.20</b> | <b>\$1,949.97</b> |

Employee Assistance Program (EAP)

\$5.17 regardless of number enrolled