

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2020			
WITH NO RETIREE COVERAGE			
	<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
<b>Total</b>	<b>\$914.36</b>	<b>\$1,654.28</b>	<b>\$2,303.31</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
<b>Total</b>	<b>\$1,008.28</b>	<b>\$1,821.46</b>	<b>\$2,536.54</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
<b>Total</b>	<b>\$1,293.11</b>	<b>\$2,333.34</b>	<b>\$3,248.62</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
<b>Total</b>	<b>\$826.22</b>	<b>\$1,626.08</b>	<b>\$2,293.74</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
<b>Total</b>	<b>\$693.22</b>	<b>\$1,356.08</b>	<b>\$1,911.74</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>	\$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% Fee for retiree coverage	\$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% Fee for retiree coverage	\$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% Fee for retiree coverage	\$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% Fee for retiree coverage	\$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% Fee for retiree coverage	\$13.86	\$27.12	\$38.23
<b>Total</b>	<b>\$707.08</b>	<b>\$1,383.20</b>	<b>\$1,949.97</b>