

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2021			
WITH NO RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$872.25	\$1,574.25	\$2,186.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
<b>Total</b>	<b>\$942.66</b>	<b>\$1,704.94</b>	<b>\$2,373.05</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1400 ABHP</b>	\$969.25	\$1,747.25	\$2,428.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
<b>Total</b>	<b>\$1,039.66</b>	<b>\$1,877.94</b>	<b>\$2,615.05</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$1,263.25	\$2,276.25	\$3,164.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
<b>Total</b>	<b>\$1,333.66</b>	<b>\$2,406.94</b>	<b>\$3,351.05</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$806.25	\$1,596.25	\$2,248.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
<b>Total</b>	<b>\$876.66</b>	<b>\$1,726.94</b>	<b>\$2,435.05</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1400 ABHP</b>	\$664.25	\$1,307.25	\$1,840.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
<b>Total</b>	<b>\$734.66</b>	<b>\$1,437.94</b>	<b>\$2,027.05</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>	\$872.25	\$1,574.25	\$2,186.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% Fee for retiree coverage	\$18.85	\$34.10	\$47.46
<b>Total</b>	<b>\$961.51</b>	<b>\$1,739.04</b>	<b>\$2,420.51</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1400 ABHP</b>	\$969.25	\$1,747.25	\$2,428.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% Fee for retiree coverage	\$20.79	\$37.56	\$52.30
<b>Total</b>	<b>\$1,060.45</b>	<b>\$1,915.50</b>	<b>\$2,667.35</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$1,263.25	\$2,276.25	\$3,164.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% Fee for retiree coverage	\$26.67	\$48.14	\$67.02
<b>Total</b>	<b>\$1,360.33</b>	<b>\$2,455.08</b>	<b>\$3,418.07</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$806.25	\$1,596.25	\$2,248.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% Fee for retiree coverage	\$17.53	\$34.54	\$48.70
<b>Total</b>	<b>\$894.19</b>	<b>\$1,761.48</b>	<b>\$2,483.75</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1400 ABHP</b>	\$664.25	\$1,307.25	\$1,840.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% Fee for retiree coverage	\$14.69	\$28.76	\$40.54
<b>Total</b>	<b>\$749.35</b>	<b>\$1,466.70</b>	<b>\$2,067.59</b>