

HEALTH PLAN CONTRIBUTION RATES

COBRA

Effective January 1, 2023

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$904.00	\$1,632.00	\$2,266.00
Delta Dental PPO+Premier	\$49.77	\$89.59	\$124.43
VSP Choice	\$4.56	\$9.11	\$14.66
EDC Admin Fee	\$15.23	\$30.46	\$45.69
2% COBRA Admin Fee	\$19.47	\$35.22	\$49.02
Total	\$993.03	\$1,796.38	\$2,499.79
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1500 ABHP	\$1,005.00	\$1,812.00	\$2,518.00
Delta Dental PPO+Premier	\$49.77	\$89.59	\$124.43
VSP Choice	\$4.56	\$9.11	\$14.66
EDC Admin Fee	\$15.23	\$30.46	\$45.69
2% COBRA Admin Fee	\$21.49	\$38.82	\$54.06
Total	\$1,096.05	\$1,979.98	\$2,756.83
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,310.00	\$2,360.00	\$3,281.00
Delta Dental PPO+Premier	\$49.77	\$89.59	\$124.43
VSP Choice	\$4.56	\$9.11	\$14.66
EDC Admin Fee	\$15.23	\$30.46	\$45.69
2% COBRA Admin Fee	\$27.59	\$49.78	\$69.32
Total	\$1,407.15	\$2,538.94	\$3,535.09
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$879.00	\$1,740.00	\$2,451.00
Delta Dental PPO+Premier	\$49.77	\$89.59	\$124.43
VSP Choice	\$4.56	\$9.11	\$14.66
EDC Admin Fee	\$15.23	\$30.46	\$45.69
2% COBRA Admin Fee	\$18.97	\$37.38	\$52.72
Total	\$967.53	\$1,906.54	\$2,688.49
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1500 ABHP	\$725.00	\$1,425.00	\$2,006.00
Delta Dental PPO+Premier	\$49.77	\$89.59	\$124.43
VSP Choice	\$4.56	\$9.11	\$14.66
EDC Admin Fee	\$15.23	\$30.46	\$45.69
2% COBRA Admin Fee	\$15.89	\$31.08	\$43.82
Total	\$810.45	\$1,585.24	\$2,234.59
Employee Assistance Program (EAP)			
\$5.17 regardless of number enrolled			