

## HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2023

### WITH NO RETIREE COVERAGE

|                                    | <u>EE ONLY</u>    | <u>EE+1</u>       | <u>FAMILY</u>     |
|------------------------------------|-------------------|-------------------|-------------------|
| <b>Blue Shield PPO \$2000 ABHP</b> | \$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           |
| <b>Total</b>                       | <b>\$973.56</b>   | <b>\$1,761.15</b> | <b>\$2,450.78</b> |
| <b>Blue Shield PPO \$1500 ABHP</b> | \$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           |
| <b>Total</b>                       | <b>\$1,074.56</b> | <b>\$1,941.15</b> | <b>\$2,702.78</b> |
| <b>Blue Shield PPO \$200</b>       | \$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           |
| <b>Total</b>                       | <b>\$1,379.56</b> | <b>\$2,489.15</b> | <b>\$3,465.78</b> |
| <b>Kaiser HMO</b>                  | \$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           |
| <b>Total</b>                       | <b>\$948.56</b>   | <b>\$1,869.15</b> | <b>\$2,635.78</b> |
| <b>Kaiser HMO \$1500 ABHP</b>      | \$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           |
| <b>Total</b>                       | <b>\$794.56</b>   | <b>\$1,554.15</b> | <b>\$2,190.78</b> |

## HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2023

### WITH RETIREE COVERAGE

|                                    | <u>EE ONLY</u>    | <u>EE+1</u>       | <u>FAMILY</u>     |
|------------------------------------|-------------------|-------------------|-------------------|
| <b>Blue Shield PPO \$2000 ABHP</b> | \$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% Fee for retiree coverage        | \$19.47           | \$35.22           | \$49.02           |
| <b>Total</b>                       | <b>\$993.03</b>   | <b>\$1,796.38</b> | <b>\$2,499.79</b> |
| <b>Blue Shield PPO \$1500 ABHP</b> | \$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% Fee for retiree coverage        | \$21.49           | \$38.82           | \$54.06           |
| <b>Total</b>                       | <b>\$1,096.05</b> | <b>\$1,979.98</b> | <b>\$2,756.83</b> |
| <b>Blue Shield PPO \$200</b>       | \$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% Fee for retiree coverage        | \$27.59           | \$49.78           | \$69.32           |
| <b>Total</b>                       | <b>\$1,407.15</b> | <b>\$2,538.94</b> | <b>\$3,535.09</b> |
| <b>Kaiser HMO</b>                  | \$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% Fee for retiree coverage        | \$18.97           | \$37.38           | \$52.72           |
| <b>Total</b>                       | <b>\$967.53</b>   | <b>\$1,906.54</b> | <b>\$2,688.49</b> |
| <b>Kaiser HMO \$1500 ABHP</b>      | \$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% Fee for retiree coverage        | \$15.89           | \$31.08           | \$43.82           |
| <b>Total</b>                       | <b>\$810.45</b>   | <b>\$1,585.24</b> | <b>\$2,234.59</b> |