HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2023

WITH NO RETIREE COVERAGE					
	EE ONLY	<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		
Total	\$973.56	\$1,761.15	\$2,450.78		
	EE ONLY	<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		
	4	4	40 -00 -0		
Total	\$1,074.56	\$1,941.15	\$2,702.78		
	EE ONLY	EE+1	FAMILY		
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	\$124.43		
EDC Admin Fee	\$15.23	\$30.46	\$45.69		
EDC Admin Fee	\$15.25	\$3U.40	\$45.09		
Total	\$1,379.56	\$2,489.15	\$3,465.78		
			<u></u>		
	EE ONLY	<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		
Total	\$948.56	\$1,869.15	\$2,635.78		
	EE ONLY	<u>EE+1</u>	FAMILY		
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		
Total	\$794.56	Ć1 FEA 1F	ć2 100 7 0		
Total	\$794.56	\$1,554.15	\$2,190.78		

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2023

WITH RETIREE COVERAGE				
	EE ONLY	EE+1	FAMILY	
Blue Shield PPO \$2000 ABHP	\$904.00		\$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	
Total	\$993.03	\$1,796.38	\$2,499.79	
	FF ONLY	FF . 4	FARALLY	
Dive Chief DDO CAEGO ADUD	EE ONLY	EE+1	FAMILY	
Blue Shield PPO \$1500 ABHP Delta Dental PPO+Premier	\$1,005.00 \$49.77			
VSP Choice	•	\$89.59	\$124.43	
EDC Admin Fee	\$4.56 \$15.23	\$9.11	\$14.66 \$45.69	
2% Fee for retiree coverage	\$15.23 \$21.49	\$30.46 \$38.82	\$45.69	
2% Fee for retiree coverage	\$21.49	\$38.82	\$54.06	
Total	\$1,096.05	\$1,979.98	\$2,756.83	
	EE ONLY	<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% Fee for retiree coverage	\$27.59	\$49.78	\$69.32	
Total	\$1,407.15	\$2,538.94	\$3,535.09	
	EE ONLY	<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% Fee for retiree coverage	\$18.97	\$37.38	\$52.72	
Total	\$967.53	\$1,906.54	\$2,688.49	
	== 0			
	EE ONLY	<u>EE+1</u>	FAMILY	
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% Fee for retiree coverage	\$15.89	\$31.08	\$43.82	
Total	\$810.45	\$1,585.24	\$2,234.59	