

# HEALTH PLAN CONTRIBUTION RATES

## COBRA

Effective January 1, 2024

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO ABHP High (\$2000)</b>	\$1,014.00	\$1,831.00	\$2,542.00
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
2% COBRA Admin Fee	\$21.66	\$39.19	\$54.53
<b>Total</b>	<b>\$1,104.78</b>	<b>\$1,998.92</b>	<b>\$2,781.11</b>

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO ABHP Low (\$1600)</b>	\$1,128.00	\$2,033.00	\$2,825.00
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
2% COBRA Admin Fee	\$23.94	\$43.23	\$60.19
<b>Total</b>	<b>\$1,221.06</b>	<b>\$2,204.96</b>	<b>\$3,069.77</b>

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO Standard (\$200)</b>	\$1,470.00	\$2,648.00	\$3,681.00
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
2% COBRA Admin Fee	\$30.78	\$55.53	\$77.31
<b>Total</b>	<b>\$1,569.90</b>	<b>\$2,832.26</b>	<b>\$3,942.89</b>

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$986.00	\$1,952.00	\$2,750.00
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
2% COBRA Admin Fee	\$21.10	\$41.61	\$58.69
<b>Total</b>	<b>\$1,076.22</b>	<b>\$2,122.34</b>	<b>\$2,993.27</b>

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO ABHP (\$1600)</b>	\$813.00	\$1,599.00	\$2,251.00
Delta Dental PPO+Premier	\$47.50	\$85.50	\$118.75
VSP Choice	\$4.50	\$8.98	\$14.46
EDC Admin Fee	\$17.12	\$34.25	\$51.37
2% COBRA Admin Fee	\$17.64	\$34.55	\$48.71
<b>Total</b>	<b>\$899.76</b>	<b>\$1,762.28</b>	<b>\$2,484.29</b>

Employee Assistance Program (EAP)

\$3.39 regardless of number enrolled