HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2024

WITH NO RETIREE COVERAGE				
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Blue Shield PPO \$2000 ABHP	\$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	
Total	\$1,083.12	\$1,959.73	\$2,726.58	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Blue Shield PPO \$1600 ABHP	\$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	
Total	\$1,197.12	\$2,161.73	\$3,009.58	
Total	71,137.12	32,101.73	,3,003.36	
	EE ONLY	EE+1	FAMILY	
Blue Shield PPO \$200	\$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	
	•		•	
Total	\$1,539.12	\$2,776.73	\$3,865.58	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Kaiser HMO	\$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	
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Total	\$1,055.12	\$2,080.73	\$2,934.58	
	EE ONLY	EE+1	FAMILY	
Kaiser HMO \$1600 ABHP	\$813.00	\$1,599.00	\$2,251.00	
Delta Dental PPO+Premier	\$47.50	\$1,599.00	\$2,251.00	
VSP Choice	\$47.50	\$8.98	\$116.75	
EDC Admin Fee	\$17.12	\$34.25	\$51.37	
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Total	\$882.12	\$1,727.73	\$2,435.58	

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2024

VSP Choice \$4.50 \$8.98 \$1	12.00 18.75 14.46 51.37 54.53
Blue Shield PPO \$2000 ABHP \$1,014.00 \$1,831.00 \$2,54 Delta Dental PPO+Premier \$47.50 \$85.50 \$11 VSP Choice \$4.50 \$8.98 \$1	12.00 18.75 14.46 51.37 54.53
Delta Dental PPO+Premier \$47.50 \$85.50 \$11 VSP Choice \$4.50 \$8.98 \$1	18.75 14.46 51.37 54.53
VSP Choice \$4.50 \$8.98 \$1	14.46 51.37 54.53
,	51.37 54.53
EDC Admin Fee \$17.12 \$34.25 \$5	54.53
20/ 5 6 11	
2% Fee for retiree coverage \$21.66 \$39.19 \$5	
Total \$1,104.78 \$1,998.92 \$2,78	1.11
FF ONLY FF 4	111.17
EE ONLY EE+1 FAM	
Blue Shield PPO \$1600 ABHP \$1,128.00 \$2,033.00 \$2,82	
	18.75
	4.46
	1.37
2% Fee for retiree coverage \$23.94 \$43.23 \$6	0.19
Total \$1,221.06 \$2,204.96 \$3,06	9.77
<u>EE ONLY</u> <u>EE+1</u> <u>FAM</u>	
Blue Shield PPO \$200 \$1,470.00 \$2,648.00 \$3,68	
	18.75
	4.46
	1.37
2% Fee for retiree coverage \$30.78 \$55.53 \$7	77.31
Total \$1,569.90 \$2,832.26 \$3,94	2.89
<u>EE ONLY</u> <u>EE+1</u> <u>FAM</u>	<u>IILY</u>
Kaiser HMO \$986.00 \$1,952.00 \$2,75	0.00
Delta Dental PPO+Premier \$47.50 \$85.50 \$11	18.75
VSP Choice \$4.50 \$8.98 \$1	4.46
EDC Admin Fee \$17.12 \$34.25 \$5	1.37
2% Fee for retiree coverage \$21.10 \$41.61 \$5	8.69
Total \$1,076.22 \$2,122.34 \$2,99	3.27
EE ONLY EE+1 FAM	IILY
Kaiser HMO \$1600 ABHP \$813.00 \$1,599.00 \$2,25	1.00
Delta Dental PPO+Premier \$47.50 \$85.50 \$11	8.75
VSP Choice \$4.50 \$8.98 \$1	4.46
	1.37
2% Fee for retiree coverage \$17.64 \$34.55 \$4	8.71
Total \$899.76 \$1,762.28 \$2,48	4.29