

HEALTH PLAN CONTRIBUTION RATES

COBRA

Effective January 1, 2021

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$872.25	\$1,574.25	\$2,186.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% COBRA Admin Fee	\$18.85	\$34.10	\$47.46
Total	\$961.51	\$1,739.04	\$2,420.51
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1400 ABHP	\$969.25	\$1,747.25	\$2,428.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% COBRA Admin Fee	\$20.79	\$37.56	\$52.30
Total	\$1,060.45	\$1,915.50	\$2,667.35
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,263.25	\$2,276.25	\$3,164.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% COBRA Admin Fee	\$26.67	\$48.14	\$67.02
Total	\$1,360.33	\$2,455.08	\$3,418.07
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$806.25	\$1,596.25	\$2,248.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% COBRA Admin Fee	\$17.53	\$34.54	\$48.70
Total	\$894.19	\$1,761.48	\$2,483.75
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1400 ABHP	\$664.25	\$1,307.25	\$1,840.25
Delta Dental PPO+Premier	\$50.55	\$90.98	\$126.36
VSP Choice	\$4.03	\$8.05	\$12.96
EDC Admin Fee	\$15.83	\$31.66	\$47.48
2% COBRA Admin Fee	\$14.69	\$28.76	\$40.54
Total	\$749.35	\$1,466.70	\$2,067.59
Employee Assistance Program (EAP)			
\$5.17 regardless of number enrolled			