

HEALTH PLAN CONTRIBUTION RATES

COBRA

Effective January 1, 2022

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$831.00	\$1,500.00	\$2,083.00
Delta Dental PPO+Premier	\$51.66	\$92.99	\$129.15
VSP Choice	\$4.17	\$8.33	\$13.42
EDC Admin Fee	\$17.26	\$34.52	\$51.78
2% COBRA Admin Fee	\$18.08	\$32.72	\$45.55
Total	\$922.17	\$1,668.56	\$2,322.90
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1400 ABHP	\$924.00	\$1,665.00	\$2,314.00
Delta Dental PPO+Premier	\$51.66	\$92.99	\$129.15
VSP Choice	\$4.17	\$8.33	\$13.42
EDC Admin Fee	\$17.26	\$34.52	\$51.78
2% COBRA Admin Fee	\$19.94	\$36.02	\$50.17
Total	\$1,017.03	\$1,836.86	\$2,558.52
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,204.00	\$2,169.00	\$3,016.00
Delta Dental PPO+Premier	\$51.66	\$92.99	\$129.15
VSP Choice	\$4.17	\$8.33	\$13.42
EDC Admin Fee	\$17.26	\$34.52	\$51.78
2% COBRA Admin Fee	\$25.54	\$46.10	\$64.21
Total	\$1,302.63	\$2,350.94	\$3,274.56
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$808.00	\$1,599.00	\$2,253.00
Delta Dental PPO+Premier	\$51.66	\$92.99	\$129.15
VSP Choice	\$4.17	\$8.33	\$13.42
EDC Admin Fee	\$17.26	\$34.52	\$51.78
2% COBRA Admin Fee	\$17.62	\$34.70	\$48.95
Total	\$898.71	\$1,769.54	\$2,496.30
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1400 ABHP	\$666.00	\$1,310.00	\$1,844.00
Delta Dental PPO+Premier	\$51.66	\$92.99	\$129.15
VSP Choice	\$4.17	\$8.33	\$13.42
EDC Admin Fee	\$17.26	\$34.52	\$51.78
2% COBRA Admin Fee	\$14.78	\$28.92	\$40.77
Total	\$753.87	\$1,474.76	\$2,079.12

Employee Assistance Program (EAP)

\$5.17 regardless of number enrolled