Attachment A

Medical Plan Premium Rates
Active Employees and their Eligible Dependents
2024-25 Plan Year

Plan	Coverage Type	2024-25 Bi-Weekly Rates*	2023-24 Bi-Weekly Rates	Dollar Change	Percentage (%) Change
Kaiser HMO	Employee Only	$375.56	$347.92	$27.64	7.94%
	Employee + 1	$749.11	$693.84	$55.27	7.97%
	Employee + 2	$1,059.16	$980.93	$78.23	7.98%
Kaiser Choice HMO	Employee Only	$320.10	$296.56	$23.54	7.94%
	Employee + 1	$638.19	$591.12	$47.07	7.96%
	Employee + 2	$902.20	$835.62	$66.58	7.97%
Kaiser Virtual Complete HMO	Employee Only	$294.10	$272.49	$21.61	7.93%
	Employee + 1	$586.19	$542.97	$43.22	7.96%
	Employee + 2	$828.62	$767.47	$61.15	7.97%
Blue Shield Signature HMO	Employee Only	$352.47	$334.38	$18.09	5.41%
	Employee + 1	$702.94	$666.77	$36.17	5.42%
	Employee + 2	$993.83	$942.65	$51.18	5.43%
Blue Shield Access + HMO	Employee Only	$306.15	290.45	$15.70	5.41%
	Employee + 1	$610.31	578.93	$31.38	5.42%
	Employee + 2	$862.79	818.37	$44.42	5.43%
Blue Shield HMO Gold Trio	Employee Only	$287.32	$272.60	$14.72	5.40%
	Employee + 1	$572.67	$543.22	$29.45	5.42%
	Employee + 2	$809.50	$767.84	$41.66	5.43%
Blue Shield PPO	Employee Only	$655.06	$621.36	$33.70	5.42%
	Employee + 1	$1,332.93	$1,264.25	$68.68	5.43%
	Employee + 2	$2,067.79	$1,961.19	$106.60	5.44%
Blue Shield Needles PPO	Employee Only	$739.38	$701.33	$38.05	5.43%
	Employee + 1	$1,503.97	$1,426.46	$77.51	5.43%
	Employee + 2	$2,329.31	$2,209.21	$120.10	5.44%
Blue Shield Virtual Blue Needles PPO	Employee Only	$670.06	$0.00	N/A	N/A
	Employee + 1	$1,362.78	$0.00	N/A	N/A
	Employee + 2	$2,110.53	$0.00	N/A	N/A
Blue Shield PPO Bronze Plan	Employee Only	$189.42	$179.75	$9.67	5.38%
	Employee + 1	$376.83	$357.49	$19.34	5.41%
	Employee + 2	$532.38	$505.01	$27.37	5.42%

*Note: Includes County management fee of $2.01

Active Plans	2025-26 Rate Cap	2026-27 Rate Cap
Blue Shield	6.9%	8.9%
Kaiser	None	None