

Attachment A

Medical Plan Premium Rates Active Employees and their Eligible Dependents 2022-23 Plan Year

Plan	Coverage Type	2022-23 Bi-Weekly Rates*	2021-22 Bi-Weekly Rates*	Dollar Change	Percentage (%) Change
Kaiser HMO	Employee Only	\$322.30	\$322.30	\$0.00	0.00%
	Employee + 1	\$642.59	\$642.59	\$0.00	0.00%
	Employee + 2	\$908.42	\$908.42	\$0.00	0.00%
Kaiser Choice HMO	Employee Only	\$279.89	\$279.89	\$0.00	0.00%
	Employee + 1	\$557.77	\$557.77	\$0.00	0.00%
	Employee + 2	\$788.43	\$788.43	\$0.00	0.00%
Blue Shield Signature HMO	Employee Only	\$309.84	\$291.01	\$18.83	6.47%
	Employee + 1	\$617.72	\$580.03	\$37.69	6.50%
	Employee + 2	\$873.23	\$819.90	\$53.33	6.50%
Blue Shield Access + HMO	Employee Only	\$269.17	\$252.82	\$16.35	6.47%
	Employee + 1	\$536.37	\$503.65	\$32.72	6.50%
	Employee + 2	\$758.13	\$711.83	\$46.30	6.50%
Blue Shield PPO	Employee Only	\$575.66	\$540.54	\$35.12	6.50%
	Employee + 1	\$1,171.11	\$1,099.54	\$71.57	6.51%
	Employee + 2	\$1,816.63	\$1,705.53	\$111.10	6.51%
Blue Shield Needles PPO	Employee Only	\$649.74	\$610.07	\$39.67	6.50%
	Employee + 1	\$1,321.35	\$1,240.57	\$80.78	6.51%
	Employee + 2	\$2,046.36	\$1,921.19	\$125.17	6.52%
Blue Shield PPO Bronze Plan	Employee Only	\$166.64	\$156.56	\$10.08	6.44%
	Employee + 1	\$331.26	\$311.10	\$20.16	6.48%
	Employee + 2	\$467.89	\$439.37	\$28.52	6.49%

*Note: Includes County management fee of \$2.01