

Attachment A

Medical Plan Premium Rates Active Employees and their Eligible Dependents 2020-21 Plan Year

Plan	Coverage Type	2020-21 Bi-Weekly Rates*	2019-20 Bi-Weekly Rates	Dollar Change	Percentage (%) Change
Kaiser HMO	Employee Only	\$313.40	\$298.85	\$14.55	4.87%
	Employee + 1	\$624.78	\$595.69	\$29.09	4.88%
	Employee + 2	\$883.21	\$842.05	\$41.16	4.89%
Kaiser Choice HMO	Employee Only	\$272.16	\$259.54	\$12.62	4.86%
	Employee + 1	\$542.31	\$517.07	\$25.24	4.88%
	Employee + 2	\$766.53	\$730.82	\$35.71	4.89%
Blue Shield Signature HMO	Employee Only	\$274.09	\$259.42	\$14.67	5.65%
	Employee + 1	\$546.19	\$516.84	\$29.35	5.68%
	Employee + 2	\$772.03	\$730.51	\$41.52	5.68%
Blue Shield Access + HMO	Employee Only	\$238.13	\$225.40	\$12.73	5.65%
	Employee + 1	\$474.28	\$448.81	\$25.47	5.68%
	Employee + 2	\$670.28	\$634.24	\$36.04	5.68%
Blue Shield PPO	Employee Only	\$509.02	\$481.68	\$27.34	5.68%
	Employee + 1	\$1,035.30	\$979.58	\$55.72	5.69%
	Employee + 2	\$1,605.82	\$1,519.33	\$86.49	5.69%
Blue Shield Needles PPO	Employee Only	\$574.48	\$543.61	\$30.87	5.68%
	Employee + 1	\$1,168.08	\$1,105.20	\$62.88	5.69%
	Employee + 2	\$1,808.86	\$1,711.42	\$97.44	5.69%
Blue Shield PPO Bronze Plan	Employee Only	\$147.51	\$147.51	\$0.00	0.00%
	Employee + 1	\$293.01	\$293.01	\$0.00	0.00%
	Employee + 2	\$413.77	\$413.77	\$0.00	0.00%

*Note: Includes County management fee of \$2.01