

Attachment A

Medical Plan Premium Rates Active Employees and their Eligible Dependents 2021-22 Plan Year

Plan	Coverage Type	2021-22 Bi-Weekly Rates*	2020-21 Bi-Weekly Rates	Dollar Change	Percentage (%) Change
Kaiser HMO	Employee Only	\$322.30	\$313.40	\$8.90	2.84%
	Employee + 1	\$642.59	\$624.78	\$17.81	2.85%
	Employee + 2	\$908.42	\$883.21	\$25.21	2.85%
Kaiser Choice HMO	Employee Only	\$279.89	\$272.16	\$7.73	2.84%
	Employee + 1	\$557.77	\$542.31	\$15.46	2.85%
	Employee + 2	\$788.43	\$766.53	\$21.90	2.86%
Blue Shield Signature HMO	Employee Only	\$291.01	\$274.09	\$16.92	6.17%
	Employee + 1	\$580.03	\$546.19	\$33.84	6.20%
	Employee + 2	\$819.90	\$772.03	\$47.87	6.20%
Blue Shield Access + HMO	Employee Only	\$252.82	\$238.13	\$14.69	6.17%
	Employee + 1	\$503.65	\$474.28	\$29.37	6.19%
	Employee + 2	\$711.83	\$670.28	\$41.55	6.20%
Blue Shield PPO	Employee Only	\$540.54	\$509.02	\$31.52	6.19%
	Employee + 1	\$1,099.54	\$1,035.30	\$64.24	6.20%
	Employee + 2	\$1,705.53	\$1,605.82	\$99.71	6.21%
Blue Shield Needles PPO	Employee Only	\$610.07	\$574.48	\$35.59	6.20%
	Employee + 1	\$1,240.57	\$1,168.08	\$72.49	6.21%
	Employee + 2	\$1,921.19	\$1,808.86	\$112.33	6.21%
Blue Shield PPO Bronze Plan	Employee Only	\$156.56	\$147.51	\$9.05	6.14%
	Employee + 1	\$311.10	\$293.01	\$18.09	6.17%
	Employee + 2	\$439.37	\$413.77	\$25.60	6.19%

*Note: Includes County management fee of \$2.01