

## Attachment A

### Medical Plan Premium Rates Active Employees and their Eligible Dependents 2023-24 Plan Year

Plan	Coverage Type	2023-24 Bi-Weekly Rates*	2022-23 Bi-Weekly Rates*	Dollar Change
<b>Kaiser HMO</b>	Employee Only	\$347.92	\$322.30	\$25.62
	Employee + 1	\$693.84	\$642.59	\$51.25
	Employee + 2	\$980.93	\$908.42	\$72.51
<b>Kaiser Choice HMO</b>	Employee Only	\$296.56	\$279.89	\$16.67
	Employee + 1	\$591.12	\$557.77	\$33.35
	Employee + 2	\$835.62	\$788.43	\$47.19
<b>Kaiser Virtual Complete HMO</b>	Employee Only	\$272.49	\$0.00	\$272.49
	Employee + 1	\$542.97	\$0.00	\$542.97
	Employee + 2	\$767.47	\$0.00	\$767.47
<b>Blue Shield Signature HMO</b>	Employee Only	\$334.38	\$309.84	\$24.54
	Employee + 1	\$666.77	\$617.72	\$49.05
	Employee + 2	\$942.65	\$873.23	\$69.42
<b>Blue Shield Access + HMO</b>	Employee Only	\$290.45	\$269.17	\$21.28
	Employee + 1	\$578.93	\$536.37	\$42.56
	Employee + 2	\$818.37	\$758.13	\$60.24
<b>Blue Shield HMO Gold Trio</b>	Employee Only	\$272.60	\$0.00	\$272.60
	Employee + 1	\$543.22	\$0.00	\$543.22
	Employee + 2	\$767.84	\$0.00	\$767.84
<b>Blue Shield PPO</b>	Employee Only	\$621.36	\$575.66	\$45.70
	Employee + 1	\$1,264.25	\$1,171.11	\$93.14
	Employee + 2	\$1,961.19	\$1,816.63	\$144.56
<b>Blue Shield Needles PPO</b>	Employee Only	\$701.33	\$649.74	\$51.59
	Employee + 1	\$1,426.46	\$1,321.35	\$105.11
	Employee + 2	\$2,209.21	\$2,046.36	\$162.85
<b>Blue Shield PPO Bronze Plan</b>	Employee Only	\$179.75	\$166.64	\$13.11
	Employee + 1	\$357.49	\$331.26	\$26.23
	Employee + 2	\$505.01	\$467.89	\$37.12

\*Note: Includes County management fee of \$2.01