

ASCOE Hired after 7-1-2011
2022/2023 COST OF HEALTH BENEFITS
SCOE Contribution at 85%

Kaiser High Option Plan \$10 OV \$150 Vision Benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	925.00	786.25	138.75	151.36
EE + 1 Dep	1,952.00	1,659.20	292.80	319.42
EE + 2/more	2,710.00	2,303.50	406.50	443.45

Kaiser MID Option Plan \$500 Deduct \$150 Vision Benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	783.00	665.55	117.45	128.13
EE + 1 Dep	1,652.00	1,404.20	247.80	270.33
EE + 2/more	2,293.00	1,949.05	343.95	375.22

Blue Shield 100% Plan B \$100 Deduct: No Vision Benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	900.00	765.00	135.00	147.27
EE+1 Dep	1,910.00	1,623.50	286.50	312.55
EE+2/more	2,660.00	2,261.00	399.00	435.27

Blue Shield 90% Plan E No Vision Benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	821.00	697.85	123.15	134.35
EE+1 Dep	1,736.00	1,475.60	260.40	284.07
EE+2/more	2,415.00	2,052.75	362.25	395.18

Blue Shield 80% Plan G No vision benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	726.00	617.10	108.90	118.80
EE+1 Dep	1,535.00	1,304.75	230.25	251.18
EE+2/more	2,135.00	1,814.75	320.25	349.36

Blue Shield 2-Tier Anchor Bronze - No Vision Benefit	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost	11 months share of cost
EE only	495.00	420.75	74.25	81.00
EE+1 Child	1,080.00	918.00	162.00	176.73
EE+2/Children	1,080.00	918.00	162.00	176.73

Blue Shield WABE (Waiver of Anchor Bronze Enrollment)	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost	11 months share of cost
"OPT OUT"	495.00	420.75	74.25	81.00