

**ASCOE Hired before 7-1-2011**  
**2022/2023 COST OF HEALTH BENEFITS**  
**SCOE Contribution at 90%**

<b>Kaiser High</b> Option Plan \$10 OV \$150 Vision Benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	925.00	832.50	92.50	100.91
EE + 1 Dep	1,952.00	1,756.80	195.20	212.95
EE + 2/more	2,710.00	2,439.00	271.00	295.64

<b>Kaiser MID</b> Option Plan \$500 Deduct \$150 Vision Benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	783.00	704.70	78.30	85.42
EE + 1 Dep	1,652.00	1,486.80	165.20	180.22
EE + 2/more	2,293.00	2,063.70	229.30	250.15

<b>Blue Shield 100% Plan B</b> \$100 Deduct: No Vision Benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	900.00	810.00	90.00	98.18
EE+1 Dep	1,910.00	1,719.00	191.00	208.36
EE+2/more	2,660.00	2,394.00	266.00	290.18

<b>Blue Shield 90% Plan E</b> No Vision Benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	821.00	738.90	82.10	89.56
EE+1 Dep	1,736.00	1,562.40	173.60	189.38
EE+2/more	2,415.00	2,173.50	241.50	263.45

<b>Blue Shield 80% Plan G</b> No vision benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	726.00	653.40	72.60	79.20
EE+1 Dep	1,535.00	1,381.50	153.50	167.45
EE+2/more	2,135.00	1,921.50	213.50	232.91

<b>Blue Shield 2-Tier Anchor Bronze</b> - No Vision Benefit	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost	11 months share of cost
EE only	495.00	445.50	49.50	54.00
EE+1 Child	1,080.00	972.00	108.00	117.82
EE+2/Children	1,080.00	972.00	108.00	117.82

<b>Blue Shield WABE (Waiver of Anchor Bronze Enrollment)</b>	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost	11 months share of cost
"OPT OUT"	495.00	445.50	49.50	54.00