

**MANAGEMENT and CONFIDENTIAL
2022/2023 COST OF HEALTH BENEFITS**

Kaiser High Plan Package 1	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
EE only	919.00	781.15	137.85
EE + 1 Dep	1,939.00	1,648.15	290.85
EE + 2/more	2,693.00	2,289.05	403.95
Kaiser High Plan Package 2	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
EE only	899.00	781.15	117.85
EE + 1 Dep	1,897.00	1,648.15	248.85
EE + 2/more	2,634.00	2,289.05	344.95
Kaiser MID Option Plan	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
EE only	778.00	778.00	0.00
EE + 1 Dep	1,641.00	1,641.00	0.00
EE + 2/more	2,279.00	2,279.00	0.00
Kaiser High Deductible with HSA (No SCOE funding for the HSA account as of 10-1-2011)	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
EE only	574.00	574.00	0.00
EE + 1 Dep	1,210.00	1,210.00	0.00
EE + 2/more	1,681.00	1,681.00	0.00
Blue Shield 100% Plan B	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
EE only	900.00	781.15	118.85
EE+1 Dep	1,910.00	1,648.15	261.85
EE+2/more	2,660.00	2,289.05	370.95
Blue Shield 90% Plan E	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
EE only	821.00	781.15	39.85
EE+1 Dep	1,736.00	1,648.15	87.85
EE+2/more	2,415.00	2,289.05	125.95
Blue Shield 80% Plan G	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
EE only	726.00	726.00	0.00
EE+1 Dep	1,535.00	1,535.00	0.00
EE+2/more	2,135.00	2,135.00	0.00
Blue Shield 2-Tier Anchor Bronze	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
EE only	495.00	495.00	0.00
EE+1 Child	1,080.00	1,080.00	0.00
EE+2/Children	1,080.00	1,080.00	0.00
Blue Shield WABE	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
"OPT OUT"	495.00	495.00	0.00