

**BOARD MEMBERS
HIRED AFTER FEB. 1, 2011
2022/2023 COST OF HEALTH BENEFITS**

Kaiser High Plan Package 1	Total Premium	SCOE Pays	Monthly 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 Premium	SCOE Pays	Monthly Cost
EE only	899.00	764.15	134.85
EE + 1 Dep	1,897.00	1,612.45	284.55
EE + 2/more	2,634.00	2,238.90	395.10

Kaiser MID Option Plan	Total Premium	SCOE Pays	Monthly Cost
EE only	778.00	661.30	116.70
EE + 1 Dep	1,641.00	1,394.85	246.15
EE + 2/more	2,279.00	1,937.15	341.85

Blue Shield 100% Plan B	Total Premium	SCOE Pays	Monthly Cost
EE only	900.00	765.00	135.00
EE+1 Dep	1,910.00	1,623.50	286.50
EE+2/more	2,660.00	2,261.00	399.00

Blue Shield 90% Plan E	Total Premium	SCOE Pays	Monthly Cost
EE only	821.00	697.85	123.15
EE+1 Dep	1,736.00	1,475.60	260.40
EE+2/more	2,415.00	2,052.75	362.25

Blue Shield 80% Plan G	Total Premium	SCOE Pays	Monthly Cost
EE only	726.00	617.10	108.90
EE+1 Dep	1,535.00	1,304.75	230.25
EE+2/more	2,135.00	1,814.75	320.25

Blue Shield 2-Tier Anchor Bronze - No Vision Benefit	Total Monthly Medical Premium	SCOE Pays	Monthly Cost
EE only	495.00	420.75	74.25
EE+1 Child	1,080.00	918.00	162.00
EE+2/Children	1,080.00	918.00	162.00

Blue Shield WABE (Waiver of Anchor Bronze Enrollment)	Total Monthly Medical Premium	SCOE Pays	Monthly Cost
"OPT OUT"	495.00	420.75	74.25