

CTE

2018/2019 COST OF HEALTH BENEFITS

<i>Kaiser High</i> Plan Package 1	Total Premium	SCOE Pays	12 month Employee Cost	10 month Employee Share of Costs
EE only	726.00	617.10	108.90	130.68
EE + 1 Dep	1,553.00	1,320.05	232.95	279.54
EE + 2/more	2,135.00	1,814.75	320.25	384.30

<i>Kaiser High</i> Plan Package 2	Total Premium	SCOE Pays	12 month Employee Cost	10 month Employee Share of Costs
EE only	711.00	617.10	93.90	112.68
EE + 1 Dep	1,519.00	1,320.05	198.95	238.74
EE + 2/more	2,089.00	1,814.75	274.25	329.10

<i>Kaiser</i> MID Option Plan	Total Premium	SCOE Pays	12 month Employee Cost	10 month Employee Share of Costs
EE only	616.00	616.00	0.00	0.00
EE + 1 Dep	1,317.00	1,317.00	0.00	0.00
EE + 2/more	1,812.00	1,812.00	0.00	0.00

<i>Kaiser High Deductible with HSA</i>	Total Premium	SCOE Pays	12 month Employee Cost	10 month Employee Share of Costs
EE only	454.00	454.00	0.00	0.00
EE + 1 Dep	972.00	972.00	0.00	0.00
EE + 2/more	1,336.00	1,336.00	0.00	0.00

Blue Shield 100% Plan B	Total Premium	SCOE Pays	12 month Employee Cost	10 month Employee Share of Costs
EE only	778.00	617.10	160.90	193.08
EE+1 Dep	1,645.00	1,320.05	324.95	389.94
EE+2/more	2,288.00	1,814.75	473.25	567.90

Blue Shield 90% Plan E	Total Premium	SCOE Pays	12 month Employee Cost	10 month Employee Share of Costs
EE only	710.00	617.10	92.90	111.48
EE+1 Dep	1,497.00	1,320.05	176.95	212.34
EE+2/more	2,078.00	1,814.75	263.25	315.90

Blue Shield 80% Plan G	Total Premium	SCOE Pays	12 month Employee Cost	10 month Employee Share of Costs
EE only	627.00	617.10	9.90	11.88
EE+1 Dep	1,322.00	1,320.05	1.95	2.34
EE+2/more	1,836.00	1,814.75	21.25	25.50