

Attachment A1 - Blue Shield Plan Active Employees

| BLUE SHIELD EPO Low Option | 2023 Monthly Medical Premium* |
|--|--------------------------------------|
| Employee Only | \$904.25 |
| Employee with 1 Dependent | \$1,670.25 |
| Employee with Two or more dependents | \$2,625.25 |
| BLUE SHIELD EPO High Option | 2023 Monthly Medical Premium* |
| Employee Only | \$1,047.25 |
| Employee with 1 Dependent | \$1,938.25 |
| Employee with Two or more dependents | \$3,042.25 |
| BLUE SHIELD PPO | 2023 Monthly Medical Premium* |
| Employee Only | \$1,380.25 |
| Employee with 1 Dependent | \$2,550.25 |
| Employee with Two or more dependents | \$4,009.25 |
| BLUE SHIELD HDHP | 2023 Monthly Medical Premium* |
| Employee Only | \$787.25 |
| Employee with 1 Dependent | \$1,410.25 |
| Employee with Two or more dependents | \$2,217.25 |
| BLUE SHIELD TANDEM NARROW NETWORK EPO | 2023 Monthly Medical Premium* |
| Employee Only | \$854.25 |
| Employee with 1 Dependent | \$1,578.25 |
| Employee with Two or more dependents | \$2,480.25 |

* Excluding \$3.68 monthly premium for Employee Assistance Plan (\$1.63 PEPM) and Care Counsel Healthcare Assistance Plan (\$2.05 PEPM)

* Excluding Amino monthly premium of \$2.63 PEPM which applies to all Blue Shield plans.

Rates include \$0.25 for BCC