

Attachment A1 - Blue Shield Plan Active Employees

BLUE SHIELD EPO Low Option	2017 Monthly Medical Premium*
Employee Only	\$736.25
Employee with 1 Dependent	\$1,361.25
Employee with Two or more dependents	\$2,139.25
BLUE SHIELD EPO High Option	2017 Monthly Medical Premium*
Employee Only	\$853.25
Employee with 1 Dependent	\$1,578.25
Employee with Two or more dependents	\$2,479.25
BLUE SHIELD PPO	2017 Monthly Medical Premium*
Employee Only	\$1,124.25
Employee with 1 Dependent	\$2,077.25
Employee with Two or more dependents	\$3,266.25
BLUE SHIELD HDHP	2017 Monthly Medical Premium*
Employee Only	\$641.25
Employee with 1 Dependent	\$1,149.25
Employee with Two or more dependents	\$1,807.25

* Excluding \$4.69 monthly premium for Employee Assistance Plan and Care Counsel Healthcare Assistance Plan