

Attachment A1 - Active Employees Blue Shield Health Plans Monthly Premium Rates

BLUE SHIELD EPO Low Option	2024 Monthly Medical Premium*
Employee Only	\$1,014.25
Employee with 1 Dependent	\$1,874.25
Employee with Two or more dependents	\$2,945.25
BLUE SHIELD EPO High Option	2024 Monthly Medical Premium*
Employee Only	\$1,175.25
Employee with 1 Dependent	\$2,174.25
Employee with Two or more dependents	\$3,413.25
BLUE SHIELD PPO	2024 Monthly Medical Premium*
Employee Only	\$1,548.25
Employee with 1 Dependent	\$2,861.25
Employee with Two or more dependents	\$4,498.25
BLUE SHIELD HDHP	2024 Monthly Medical Premium*
Employee Only	\$883.25
Employee with 1 Dependent	\$1,582.25
Employee with Two or more dependents	\$2,487.25
BLUE SHIELD TANDEM NARROW NETWORK EPO	2024 Monthly Medical Premium*
Employee Only	\$958.25
Employee with 1 Dependent	\$1,771.25
Employee with Two or more dependents	\$2,783.25

* Excluding monthly premium for Employee Assistance Plan (\$1.63 PEPM)

Rates include \$0.25 for BCC