

Monthly Benefit Premiums for July 1, 2023 - June 30, 2024

Instructor and Other Variable Hour Employee Benefit Plans

The employee will receive employer contributions based on benefit selected.

Medical Insurance

Kaiser Permanente

| Kaiser HMO | Total Monthly Premium | Employer Medical Benefit Contribution | Employee Cost |
|---------------------|-----------------------|---------------------------------------|---------------|
| Employee Only | \$ 635.07 | \$ 524.07 | \$ 111.00 |
| Employee + Spouse | \$ 1397.16 | \$ 952.16 | \$ 445.00 |
| Employee + Children | \$ 1143.13 | \$ 708.13 | \$ 435.00 |
| Employee + Family | \$ 1968.72 | \$ 1467.72 | \$ 501.00 |

Anthem Blue Cross and Blue Shield (Four plan options)

| 1. Anthem Blue Priority | Total Monthly Premium | Employer Medical Benefit Contribution | Employee Cost |
|-------------------------|-----------------------|---------------------------------------|---------------|
| Employee Only | \$ 779.00 | \$ 648.00 | \$ 131.00 |
| Employee + Spouse | \$ 1714.00 | \$ 1211.00 | \$ 503.00 |
| Employee + Children | \$ 1403.00 | \$ 926.00 | \$ 477.00 |
| Employee + Family | \$ 2414.00 | \$ 1834.00 | \$ 580.00 |

| 2. Anthem HMO | Total Monthly Premium | Employer Medical Benefit Contribution | Employee Cost |
|---------------------|-----------------------|---------------------------------------|---------------|
| Employee Only | \$ 938.00 | \$ 688.00 | \$ 250.00 |
| Employee + Spouse | \$ 2064.00 | \$ 1266.00 | \$ 798.00 |
| Employee + Children | \$ 1689.00 | \$ 956.00 | \$ 733.00 |
| Employee + Family | \$ 2907.00 | \$ 1961.00 | \$ 946.00 |

| 3. Anthem HDHP | Total Monthly Premium | Employer Medical Benefit Contribution | Employee Cost |
|---------------------|-----------------------|---------------------------------------|---------------|
| Employee Only | \$ 589.00 | \$ 523.00 | \$ 66.00 |
| Employee + Spouse | \$ 1296.00 | \$ 1072.00 | \$ 224.00 |
| Employee + Children | \$ 1061.00 | \$ 857.00 | \$ 204.00 |
| Employee + Family | \$ 1825.00 | \$ 1525.00 | \$ 300.00 |

| 4. Anthem PPO | Total Monthly Premium | Employer Medical Benefit Contribution | Employee Cost |
|---------------------|-----------------------|---------------------------------------|---------------|
| Employee Only | \$ 843.00 | \$ 662.00 | \$ 181.00 |
| Employee + Spouse | \$ 1855.00 | \$ 1241.00 | \$ 614.00 |
| Employee + Children | \$ 1518.00 | \$ 950.00 | \$ 568.00 |
| Employee + Family | \$ 2613.00 | \$ 1924.00 | \$ 689.00 |