

# HEALTHCARE COSTS AND CHANGES:

Health Care Rates Now and for the duration of the Proposed Contract														
			Blue Shield HMO Platinum Plan			Blue Shield HMO Gold			Kaiser Platinum Plus			Kaiser Gold Choice		
Year	Coverage Level	MPS	Premium	EE Cost	% of Premium Covered by MPS	Premium	EE Cost	% of Premium Covered by MPS	Premium	EE Cost	% of Premium Covered by MPS	Premium	EE Cost	% of Premium Covered by MPS
FY 18/19	EE Only	\$198.82	\$253.63	\$54.81	78.4%	n/a	n/a	n/a	\$293.65	\$94.83	67.7%	n/a	n/a	n/a
	EE +1	\$341.30	\$505.27	\$163.97	67.5%	n/a	n/a	n/a	\$585.30	\$244.00	58.3%	n/a	n/a	n/a
	EE + 2	\$482.94	\$714.13	\$231.19	67.6%	n/a	n/a	n/a	\$827.36	\$344.42	58.4%	n/a	n/a	n/a
FY 19/20	EE Only	\$227.82	\$259.42	\$31.60	87.8%	\$225.40	\$0.00	100.0%	\$298.65	\$70.83	76.3%	\$259.54	\$31.72	87.8%
	EE +1	\$414.05	\$516.84	\$102.79	80.1%	\$448.81	\$34.76	92.3%	\$595.69	\$181.64	69.5%	\$517.07	\$103.02	80.1%
	EE + 2	\$590.44	\$730.51	\$140.07	80.8%	\$634.24	\$43.80	93.1%	\$842.05	\$251.61	70.1%	\$730.82	\$140.38	80.8%
FY 20/21	EE Only	\$240.72	<b>\$267.20</b>	\$26.48	90.1%	\$232.16	\$0.00	100.0%	\$307.61	\$66.89	78.3%	\$267.33	\$26.61	90.0%
	EE +1	\$452.80	<b>\$532.35</b>	\$79.55	85.1%	\$462.27	\$9.47	98.0%	\$613.56	\$160.76	73.8%	\$532.58	\$79.78	85.0%
	EE + 2	\$640.14	<b>\$752.43</b>	\$112.29	85.1%	\$653.27	\$13.13	98.0%	\$867.31	\$227.17	73.8%	\$752.74	\$112.60	85.0%
FY 21/22	EE Only	\$255.15	<b>\$275.22</b>	\$20.10	92.7%	\$239.13	\$0.00	100.0%	\$316.84	\$61.72	80.5%	\$275.34	\$20.19	92.7%
	EE +1	\$493.55	<b>\$548.32</b>	\$54.77	90.0%	\$476.14	\$0.00	100.0%	\$631.97	\$138.42	78.1%	\$548.56	\$55.01	90.0%
	EE + 2	\$697.34	<b>\$775.00</b>	\$77.66	90.0%	\$672.87	\$0.00	100.0%	\$893.33	\$195.99	78.1%	\$775.33	\$77.99	89.9%
FY 22/23	EE Only	\$263.38	<b>\$283.48</b>	\$20.10	92.9%	\$246.30	\$0.00	100.0%	\$326.34	\$62.97	80.7%	\$283.60	\$20.22	92.9%
	EE +1	\$510.00	<b>\$564.77</b>	\$54.77	90.3%	\$490.43	\$0.00	100.0%	\$650.93	\$140.93	78.3%	\$565.02	\$55.02	90.3%
	EE + 2	\$720.59	<b>\$798.25</b>	\$77.66	90.3%	\$693.05	\$0.00	100.0%	\$920.13	\$199.54	78.3%	\$798.59	\$78.00	90.2%

Bold amounts = projected rates

# SAVINGS PER PAYCHECK:

Year over Year Savings					
Year	Coverage Level	Blue Shield HMO Platinum Plan	Blue Shield HMO Gold	Kaiser Platinum Plus	Kaiser Gold Choice
		<b>Savings Per Paycheck (Difference between FY 18/19 and FY 19/20 to FY 22/23)</b>			
FY 19/20	EE Only	\$23.21	\$26.40	\$24.00	\$28.80
	EE +1	\$61.18	\$72.80	\$62.36	\$72.80
	EE + 2	\$91.12	\$107.20	\$92.81	\$107.20
FY 20/21	EE Only	\$28.33	\$26.40	\$27.94	\$34.40
	EE +1	\$84.42	\$98.40	\$83.24	\$96.00
	EE + 2	\$118.90	\$138.40	\$117.25	\$135.20
FY 21/22	EE Only	\$34.71	\$26.40	\$33.11	\$40.80
	EE +1	\$109.20	\$107.20	\$105.58	\$120.80
	EE + 2	\$153.53	\$151.20	\$148.43	\$169.60
FY22/23	EE Only	\$34.71	\$26.40	\$31.86	\$40.80
	EE +1	\$109.20	\$107.20	\$103.07	\$120.80
	EE + 2	\$153.53	\$151.20	\$144.88	\$169.60

**For example, in FY 21/22, a family on the Blue Shield HMO Platinum Plan will save \$3,991.78 that year, compared to the current premium rate.**