

Attachment A1 - Blue Shield Plan Active Employees

BLUE SHIELD EPO Low Option	2021 Monthly Cobra
Employee Only	\$868.28
Employee with 1 Dependent	\$1,604.72
Employee with Two or more dependents	\$2,521.70
BLUE SHIELD EPO High Option	2021 Monthly Cobra
Employee Only	\$1,005.98
Employee with 1 Dependent	\$1,861.76
Employee with Two or more dependents	\$2,922.56
BLUE SHIELD PPO	2021 Monthly Cobra
Employee Only	\$1,325.24
Employee with 1 Dependent	\$2,450.30
Employee with Two or more dependents	\$3,851.78
BLUE SHIELD HDHP	2021 Monthly Cobra
Employee Only	\$756.08
Employee with 1 Dependent	\$1,354.82
Employee with Two or more dependents	\$2,130.02

New Plan

BLUE SHIELD NARROW NETWORK EPO	2021 Monthly Cobra
Employee Only	\$820.34
Employee with 1 Dependent	\$1,515.98
Employee with Two or more dependents	\$2,381.96

* Excluding \$3.54 monthly premium for Employee Assistance Plan (\$1.55 PEPM) and Care Counsel Healthcare Assistance Plan (\$1.99 PEPM)
HDHP rates exclude Amino monthly premium of \$2.63 PEPM.

Rates include \$0.25 for BCC

Attachment A 2 - Early Retiree Plan

Non-Medicare (NMC) Retiree with Non-Medicare Dependents

BLUE SHIELD EPO Low Option	2021 Monthly Cobra
NMC Retiree only	\$1,671.02
NMC Retiree + NMC dep	\$3,092.90
NMC Retiree + 2 or more NMC deps	\$4,856.48
BLUE SHIELD EPO High Option	2021 Monthly Cobra
NMC Retiree only	\$1,938.26
NMC Retiree + NMC dep	\$3,585.56
NMC Retiree + 2 or more NMC deps	\$5,629.64
BLUE SHIELD PPO	2021 Monthly Cobra
NMC Retiree only	\$1,703.66
NMC Retiree + NMC dep	\$3,150.02
NMC Retiree + 2 or more NMC deps	\$4,953.38
BLUE SHIELD HDHP	2021 Monthly Cobra
NMC Retiree only	\$1,304.84
NMC Retiree + NMC dep	\$2,413.58
NMC Retiree + 2 or more NMC deps	\$3,792.62

New Plan

BLUE SHIELD NARROW NETWORK EPO	2021 Monthly Cobra
NMC Retiree only	\$1,579.22
NMC Retiree + NMC dep	\$2,921.54
NMC Retiree + 2 or more NMC deps	\$4,587.20

Rates include \$0.25 for BCC

**** Care Counsel Fee for Retirees not billed by BCC - Total Care Counsel fee is \$3.25**

****EAP not offered to Retirees**

HDHP rates exclude Amino monthly premium of \$2.63 PEPM.

Active Employee Monthly Premium Rates

KAISER HMO LOW	2021 Monthly Cobra
Employee Only	\$636.74
Employee with 1 Dependent	\$1,196.72
Employee with Two or more dependents	\$1,817.90
KAISER HMO HIGH	2021 Monthly Cobra
Employee Only	\$662.24
Employee with 1 Dependent	\$1,239.56
Employee with Two or more dependents	\$1,885.22

Early Retiree Monthly Premium Rates

Non-Medicare (NMC) Retiree with Non-Medicare Dependents

KAISER HMO LOW	2021 Monthly Cobra
NMC Retiree only	\$929.48
NMC Retiree + NMC dep	\$1,750.58
NMC Retiree + 2 or more NMC deps	\$2,663.48
KAISER HMO HIGH	2021 Monthly Cobra
NMC Retiree only	\$967.22
NMC Retiree + NMC dep	\$1,823.00
NMC Retiree + 2 or more NMC deps	\$2,773.64

Rates include \$0.25 for BCC

Kaiser Unassigned rates are available upon request

Kaiser MC Retiree + 2 MC Deps - MC Retiree Only rate x 3 = rate

**** Care Counsel Fee for Retirees not billed by BCC - Total Care Counsel fee is \$3.25**

****EAP not offered to Retirees**

County Self-funded Dental PPO - Delta Dental

ACTIVE EMPLOYEES	2021 Monthly Cobra
Employee Only	\$45.19
Employee with 1 Dependent	\$86.82
Employee with Two or more dependents	\$133.64
EARLY RETIREES	2021 Monthly Cobra
Retiree Only	\$53.88
Retiree + 1 dep	\$107.77
Retiree + 2 dep	\$161.63

Delta Dental DeltaCare USA DHMO

ACTIVE EMPLOYEES	2021 Monthly Cobra
Employee Only	\$33.54
Employee with 1 Dependent	\$55.12
Employee with Two or more dependents	\$83.69
EARLY RETIREES	2021 Monthly Cobra
Retiree Only	\$33.54
Retiree + 1 dep	\$55.12
Retiree + 2 dep	\$83.69

Vision Service Plan (VSP)

ACTIVE EMPLOYEES	2021 Monthly Cobra
Employee Only	\$6.49
Employee with 1 Dependent	\$9.33
Employee with Two or more depend	\$16.74
EARLY RETIREES	2021 Monthly Cobra
Retiree Only	\$6.49
Retiree + 1 dep	\$9.33
Retiree + 2 dep	\$16.74