

## 2023 MEDICAL PREMIUM COSTS

The following chart provides details on the costs of the benefits, based on your medical Tier and your Recognized Employee Organization (REO).

Plan	Kaiser \$15 HMO	Kaiser HDHP HMO	Sutter \$15 HMO	Sutter HDHP HMO	WHA \$15 HMO	WHA HDHP HMO
Monthly Premium Single	\$990.50	\$713.06	\$909.86	\$670.00	\$824.76	\$630.00
Monthly Premium Family	\$2,532.90	\$1,823.44	\$2,328.22	\$1,715.20	\$2,111.42	\$1,612.80

Tier B (All units hired after 12/31/2006) Monthly Single Subsidy: \$659.80 Family Subsidy: \$1,689.14	Kaiser \$15 HMO	Kaiser HDHP HMO	Sutter \$15 HMO	Sutter HDHP HMO	WHA \$15 HMO	WHA HDHP HMO	Monthly Cashback If Waiving Coverage
Employee Deduction Per Pay Period*/Year** Single	(\$165.35)/ (\$3,968.40)	(\$26.63)/ (\$639.12)	(\$125.03)/ (\$3,000.72)	(\$5.10)/ (\$122.40)	(\$82.48)/ (\$1,979.52)	\$0.00	N/A
Employee Deduction Per Pay Period*/Year** Family	(\$421.88)/ (\$10,125.12)	(\$67.15)/ (\$1,611.60)	(\$319.54)/ (\$7,668.96)	(\$13.03)/ (\$312.72)	(\$211.14)/ (\$5,067.36)	\$0.00	N/A

Tier A2 (Units 003, 006, 017, 019, 030) Monthly Single and Family Subsidy: \$1,148.80	Kaiser \$15 HMO	Kaiser HDHP HMO	Sutter \$15 HMO	Sutter HDHP HMO	WHA \$15 HMO	WHA HDHP HMO	Monthly Cashback If Waiving Coverage	
Employee Deduction Per Pay Period*/Year** Single	Cashback	\$0.00	\$84.28/ \$2,022.72	\$0.00	\$104.28/ \$2,502.72	\$32.40/ \$777.60	\$122.86/ \$2,948.64	\$894.52
	No Cashback	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Deduction Per Pay Period*/Year** Family	(\$692.05)/ (\$16,609.20)	(\$337.32)/ (\$8,095.68)	(\$589.71)/ (\$14,153.04)	(\$283.20)/ (\$6,796.80)	(\$481.31)/ (\$11,551.44)	(\$232.00)/ (\$5,568.00)	N/A	

Tier A1 (All Other Units) Monthly Single and Family Subsidy: \$826.90	Kaiser \$15 HMO	Kaiser HDHP HMO	Sutter \$15 HMO	Sutter HDHP HMO	WHA \$15 HMO	WHA HDHP HMO	Monthly Cashback If Waiving Coverage	
Employee Deduction Per Pay Period*/Year** Single	Cashback	(\$81.80)/ (\$1,963.20)	\$0.00	(\$41.48)/ (\$995.52)	\$0.00	\$0.00	\$0.00	\$535.00
	No Cashback							\$150.00
Employee Deduction Per Pay Period*/Year** Family	(\$853.00)/ (\$20,472.00)	(\$498.27)/ (\$11,958.48)	(\$750.66)/ (\$18,015.84)	(\$444.15)/ (\$10,659.60)	(\$642.26)/ (\$15,414.24)	(\$392.95)/ (\$9,430.80)	N/A	

\*Employee Deduction Per Pay Period = (Monthly Premium – Monthly Subsidy)/2

\*\*Employee Deduction Per Year = Employee Deduction Per Pay Period x 24 Pay Periods