Attachment I

			PY 2022	- Monthly	Rates		Мо	onthly Rate C	Change - 20	022 vs. 2021		Estimated % change				
	Total Premium	Count	y Cost	Employee C	ontribution	Total Premium	County	Cost	Employee C	ontribution	Total Premium	County	/ Cost	Employee C	ontribution	
ACTIVE EMPLOYEES		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness	
BCBS HSA																
Employee	\$671.37	\$537.09	\$557.09	\$134.27	\$114.27	\$681.45	\$545.16	\$565.16	\$136.29	\$116.29	\$10.08	\$8.07	\$8.07	\$2.02	\$2.02	1.5%
Employee + 1	\$1,283.36	\$1,026.69	\$1,046.69	\$256.67	\$236.67	\$1,302.61	\$1,042.09	\$1,062.09	\$260.52	\$240.52	\$19.25	\$15.40	\$15.40	\$3.85	\$3.85	
Family	\$1,673.11	\$1,338.49	\$1,358.49	\$334.62	\$314.62	\$1,698.20	\$1,358.56	\$1,378.56	\$339.64	\$319.64	\$25.09	\$20.07	\$20.07	\$5.02	\$5.02	1.5%
Kaiser HMO																
Employee	\$565.93	\$452.74	\$472.74	\$113.19	\$93.19	\$605.52	\$484.42	\$504.42	\$121.10	\$101.10	\$39.59	\$31.67	\$31.67	\$7.92	\$7.92	7.0%
Employee + 1	\$1,081.83	\$865.46	\$885.46	\$216.37	\$196.37	\$1,157.52	\$926.02	\$946.02	\$231.50	\$211.50	\$75.69	\$60.55	\$60.55	\$15.14	\$15.14	7.0%
Family	\$1,410.35	\$1,128.28	\$1,148.28	\$282.07	\$262.07	\$1,509.02	\$1,207.22	\$1,227.22	\$301.80	\$281.80	\$98.67	\$78.94	\$78.94	\$19.73	\$19.73	7.0%
BCBS POS																
Employee	\$856.94	\$642.70	\$662.70	\$214.23	\$194.23	\$869.79	\$652.35	\$672.35	\$217.45	\$197.45	\$12.86	\$9.64	\$9.64	\$3.21	\$3.21	1.5%
Employee + 1	\$1,581.60	\$1,186.20	\$1,206.20	\$395.40	\$375.40	\$1,605.32	\$1,203.99	\$1,223.99	\$401.33	\$381.33	\$23.72	\$17.79	\$17.79	\$5.93	\$5.93	
Family	\$2,146.08	\$1,609.56	\$1,629.56	\$536.52	\$516.52	\$2,178.27	\$1,633.70	\$1,653.70	\$544.57	\$524.57	\$32.20	\$24.15	\$24.15	\$8.05	\$8.05	1.5%
BCBS HMO																
Employee	\$752.21	\$601.77	\$621.77	\$150.44	\$130.44	\$763.50	\$610.80	\$630.80	\$152.70	\$132.70	\$11.29	\$9.03	\$9.03	\$2.26	\$2.26	1.5%
Employee + 1	\$1,388.33	\$1,110.66	\$1,130.66	\$277.67	\$257.67	\$1,409.14	\$1,127.32	\$1,147.32	\$281.83	\$261.83	\$20.82	\$16.65	\$16.65	\$4.16	\$4.16	1.5%
Family	\$1,883.84	\$1,507.07	\$1,527.07	\$376.77	\$356.77	\$1,912.08	\$1,529.66	\$1,549.66	\$382.42	\$362.42	\$28.24	\$22.59	\$22.59	\$5.65	\$5.65	1.5%

		PY 2021	- Monthly	Rates			PY 2022	- Monthly	Rates		Мо	nthly Rate (Change - 20)22 vs. 2021		Estimated % change
2004 & EARLIER RETIREES	Total Premium	County	Cost	Employee C	ontribution	Total Premium	County	Cost	Employee Co	ontribution	Total Premium	County	Cost	Employee Co	ontribution	
UNDER 65		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness	
BCBS HSA																
Employee	\$998.99	\$899.10	\$919.10	\$99.90	\$79.90	\$1,013.98	\$912.59	\$932.59	\$101.40	\$81.40	\$14.99	\$13.49	\$13.49	\$1.50	\$1.50	1.5%
Employee + 1	\$1,909.70	\$1,718.73	\$1,738.73	\$190.97	\$170.97	\$1,938.35	\$1,744.51	\$1,764.51	\$193.83	\$173.83	\$28.64	\$25.78	\$25.78	\$2.86	\$2.86	
Family	\$2,547.96	\$2,293.16	\$2,313.16	\$254.80	\$234.80	\$2,586.18	\$2,327.56	\$2,347.56	\$258.62	\$238.62	\$38.22	\$34.40	\$34.40	\$3.82	\$3.82	1.5%
Kaiser HMO																
Employee	\$766.93	\$690.24	\$710.24	\$76.69	\$56.69	\$820.58	\$738.52	\$758.52	\$82.06	\$62.06	\$53.65	\$48.29	\$48.29	\$5.37	\$5.37	7.0%
Employee + 1	\$1,466.06	\$1,319.45	\$1,339.45	\$146.61	\$126.61	\$1,568.63	\$1,411.77	\$1,431.77	\$156.86	\$136.86	\$102.57	\$92.31	\$92.31	\$10.26	\$10.26	7.0%
Family	\$1,957.81	\$1,762.03	\$1,782.03	\$195.78	\$175.78	\$2,094.78	\$1,885.30	\$1,905.30	\$209.48	\$189.48	\$136.97	\$123.27	\$123.27	\$13.70	\$13.70	7.0%
2004 Kaiser RET W/MADV SP	\$984.50	\$886.05	\$906.05	\$98.45	\$78.45	\$1,049.77	\$944.79	\$964.79	\$104.98	\$84.98	\$65.27	\$58.74	\$58.74	\$93.31	\$73.31	6.6%
Kaiser HMO Split Plans	\$951.95	\$856.76	\$710.24	\$95.20	\$56.69	\$995.95	\$896.36	\$916.36	\$99.60	\$79.60	\$44.00	\$39.60	\$206.12	\$93.31	\$73.31	
RET w/Kaiser & overage HMO Med Dep-06	\$951.95	\$856.76	\$710.24	\$95.20	\$56.69	\$995.95	\$896.36	\$916.36	\$99.60	\$79.60	\$44.00	\$39.60	\$206.12	\$93.31	\$73.31	4.6%
BCBS POS																
Employee	\$1,275.02	\$1,147.52	\$1,167.52	\$127.50	\$107.50	\$1,294.15	\$1,164.73	\$1,184.73	\$129.41	\$109.41	\$19.13	\$17.21	\$17.21	\$1.91	\$1.91	1.5%
Employee + 1	\$2,353.42	\$2,118.08	\$2,138.08	\$235.34	\$215.34	\$2,388.72	\$2,149.85	\$2,169.85	\$238.87	\$218.87	\$35.30	\$31.77	\$31.77	\$3.53	\$3.53	1.5%
Family	\$3,193.19	\$2,873.87	\$2,893.87	\$319.32	\$299.32	\$3,241.09	\$2,916.98	\$2,936.98	\$324.11	\$304.11	\$47.90	\$43.11	\$43.11	\$4.79	\$4.79	
2004 POS RET W/MADV SP	\$1,492.59	\$1,343.33	\$1,363.33	\$149.26	\$129.26	\$1,523.34	\$1,371.00	\$1,391.00	\$152.33	\$132.33	\$30.75	\$27.67	\$27.67	\$3.07	\$3.07	2.1%
2004 POS RET W/HMO MED SP	\$2,099.64	\$1,889.68	\$1,909.68	\$209.96	\$189.96	\$2,098.97	\$1,889.08	\$1,909.08	\$209.90	\$189.90	-\$0.67	-\$0.60	-\$0.60	-\$0.07	-\$0.07	
2004 POS RET W/IND MED SP	\$1,905.76	\$1,652.11	\$1,672.11	\$253.65	\$233.65	\$1,909.75	\$1,657.21	\$1,677.21	\$252.53	\$232.53	\$3.99	\$5.10	\$5.10	-\$1.12	-\$1.12	0.2%
BCBS HMO																
Employee	\$1,119.26	\$1,007.33	\$1,027.33	\$111.93	\$91.93	\$1,136.05	\$1,022.44	\$1,042.44	\$113.60	\$93.60	\$16.79	\$15.11	\$15.11	\$1.68	\$1.68	1.5%
Employee + 1	\$2,065.83	\$1,859.25	\$1,879.25	\$206.58	\$186.58	\$2,096.82	\$1,887.14	\$1,907.14	\$209.68	\$189.68	\$30.99	\$27.89	\$27.89	\$3.10	\$3.10	
Family	\$2,803.11	\$2,522.80	\$2,542.80	\$280.31	\$260.31	\$2,845.16	\$2,560.64	\$2,580.64	\$284.52	\$264.52	\$42.04	\$37.84	\$37.84	\$4.20	\$4.20	1.5%

														Estimated
		PY 2021	- Monthly	Rates			PY 2022 ·	· Monthly I	Rates		Мо	nthly Rate Cha	ange - 2022 vs. 2021	% change
2004 & EARLIER RETIREES	Total Premium	County		Employee Contri	bution	Total Premium	County (Employee Co	ontribution	Total Premium	County Cos		
OVER 65														
Kaiser Senior Advantage Plan														
REE-Only	\$185.02	\$166.52	\$0.00	\$18.50	\$0.00	\$175.37	\$157.83	\$0.00	\$17.54	\$0.00	-\$9.65	-\$8.69	-\$0.97	-5.2%
REE+1	\$370.03	\$333.03	\$0.00	\$37.00	\$0.00	\$350.74	\$315.67	\$0.00	\$35.07	\$0.00	-\$19.29	-\$17.36	-\$1.93	-5.2%
Family	\$555.05	\$499.55	\$0.00	\$55.51	\$0.00	\$526.11	\$473.50	\$0.00	\$52.61	\$0.00	-\$28.94	-\$26.05	-\$2.89	-5.2%
SR REE + 1 U65 KP HMO DEP	\$951.95	\$856.76	\$0.00	\$95.19	\$0.00	\$995.95	\$896.36	\$0.00	\$99.60	\$0.00	\$44.00	\$39.60	\$4.40	4.6%
REE U65 KP HMO + SR DEP	\$951.95	\$856.76	\$0.00	\$95.19	\$0.00	\$995.95	\$896.36	\$0.00	\$99.60	\$0.00	\$44.00	\$39.60	\$93.31	4.6%
Aetna Medicare Advantage - Base														
REE-Only	\$217.57	\$195.81	\$0.00	\$21.76	\$0.00	\$229.19	\$206.27	\$0.00	\$22.92	\$0.00	\$11.62	\$10.46	\$1.16	5.3%
REE+1	\$435.14	\$391.63	\$0.00	\$43.51	\$0.00	\$458.38	\$412.54	\$0.00	\$45.84	\$0.00	\$23.24	\$20.92	\$2.32	5.3%
Family	\$652.71	\$587.44	\$0.00	\$65.27	\$0.00	\$687.57	\$618.81	\$0.00	\$68.76	\$0.00	\$34.86	\$31.37	\$3.49	5.3%
MA REE+SP+1 U65 HMO Dep	\$1,554.40	\$1,398.96	\$0.00	\$155.44	\$0.00	\$1,594.43	\$1,434.99	\$0.00	\$159.44	\$0.00	\$40.03	\$36.03	\$4.00	2.6%
MA REE+SP+2 U65 HMO Deps	\$2,500.97	\$2,250.87	\$0.00	\$250.10	\$0.00	\$2,555.20	\$2,299.68	\$0.00	\$255.52	\$0.00	\$54.23	\$48.81	\$5.42	2.2%
MA REE+1 U65 HMO Dep	\$1,336.83	\$1,203.15	\$0.00	\$133.68	\$0.00	\$1,365.24	\$1,228.72	\$0.00	\$136.52	\$0.00	\$28.41	\$25.57	\$2.84	2.1%
MA REE+2 U65 HMO Deps	\$2,283.40	\$2,055.06	\$0.00	\$228.34	\$0.00	\$2,326.01	\$2,093.41	\$0.00	\$232.60	\$0.00	\$42.61	\$38.35	\$4.26	1.9%
MA SP+U65 HMO REE	\$1,336.83	\$1,203.15	\$0.00	\$133.68	\$0.00	\$1,365.24	\$1,228.72	\$0.00	\$136.52	\$0.00	\$28.41	\$25.57	\$2.84	2.1%
MA SP+U65 HMO REE+1 U65 HMO Dep	\$2,283.40	\$2,055.06	\$0.00	\$228.34	\$0.00	\$2,326.01	\$2,093.41	\$0.00	\$232.60	\$0.00	\$42.61	\$38.35	\$4.26	1.9%
MA SP+O65 Ind REE	\$848.31	\$700.41	\$0.00	\$147.91	\$0.00	\$844.79	\$698.75	\$0.00	\$146.04	\$0.00	-\$3.52	-\$1.65	-\$1.87	-0.4%
MA REE+1 O65 Ind Dep	\$848.31	\$700.41	\$0.00	\$147.91	\$0.00	\$844.79	\$698.75	\$0.00	\$146.04	\$0.00	-\$3.52	-\$1.65	-\$1.87	-0.4%
MA REE+2 O65 Ind Deps	\$1,833.48	\$1,488.54	\$0.00	\$344.94	\$0.00	\$1,806.32	\$1,467.97	\$0.00	\$338.34	\$0.00	-\$27.16	-\$20.57	-\$6.59	-1.5%
MA REE+SP+1 O65 Ind Dep	\$1,065.88	\$896.22	\$0.00	\$169.66	\$0.00	\$1,073.98	\$905.02	\$0.00	\$168.96	\$0.00	\$8.10	\$8.80	-\$0.70	0.8%
Enhanced Aetna Medicare Advantage - Buy-u	р													
REE-Only	\$254.19	\$195.81	\$0.00	\$58.38	\$0.00	\$267.77	\$206.27	\$0.00	\$61.50	\$0.00	\$13.58	\$10.46	\$3.12	5.3%
REE+1	\$508.38	\$391.63	\$0.00	\$116.75	\$0.00	\$535.54	\$412.54	\$0.00	\$123.00	\$0.00	\$27.16	\$20.92	\$6.24	5.3%
Family	\$762.57	\$587.44	\$0.00	\$175.13	\$0.00	\$803.31	\$618.81	\$0.00	\$184.50	\$0.00	\$40.74	\$31.37	\$9.37	5.3%
MA REE+SP+1 U65 HMO Dep	\$1,627.64	\$1,398.96	\$0.00	\$228.68	\$0.00	\$1,671.59	\$1,434.99	\$0.00	\$236.60	\$0.00	\$43.95	\$36.03	\$7.92	2.7%
MA REE+SP+2 U65 HMO Deps	\$2,574.21	\$2,250.87	\$0.00	\$323.34	\$0.00	\$2,632.36	\$2,299.68	\$0.00	\$332.68	\$0.00	\$58.15	\$48.81	\$9.34	2.3%
MA REE+1 U65 HMO Dep	\$1,373.45	\$1,203.15	\$0.00	\$170.30	\$0.00	\$1,403.82	\$1,228.72	\$0.00	\$175.10	\$0.00	\$30.37	\$25.57	\$4.80	2.2%
MA REE+2 U65 HMO Deps	\$2,320.02	\$2,055.06	\$0.00	\$264.96	\$0.00	\$2,364.59	\$2,093.41	\$0.00	\$271.18	\$0.00	\$44.57	\$38.35	\$6.22	1.9%
MA SP+U65 HMO REE	\$1,373.45	\$1,203.15	\$0.00	\$170.30	\$0.00	\$1,403.82	\$1,228.72	\$0.00	\$175.10	\$0.00	\$30.37	\$25.57	\$4.80	2.2%
MA SP+U65 HMO REE+1 U65 HMO Dep	\$2,320.02	\$2,055.06	\$0.00	\$264.96	\$0.00	\$2,364.59	\$2,093.41	\$0.00	\$271.18	\$0.00	\$44.57	\$38.35	\$6.22	1.9%
MA SP+O65 Ind REE	\$884.93	\$700.41	\$0.00	\$184.53	\$0.00	\$883.37	\$698.75	\$0.00	\$184.62	\$0.00	-\$1.56	-\$1.65	\$0.09	-0.2%
MA REE+1 O65 Ind Dep	\$884.93	\$700.41	\$0.00	\$184.53	\$0.00	\$883.37	\$698.75	\$0.00	\$184.62	\$0.00	-\$1.56	-\$1.65	\$0.09	-0.2%
MA REE+2 O65 Ind Deps	\$1,870.10	\$1,488.54	\$0.00	\$381.56	\$0.00	\$1,844.90	\$1,467.97	\$0.00	\$376.92	\$0.00	-\$25.20	-\$20.57	-\$4.63	-1.3%
MA REE+SP+1 O65 Ind Dep	\$1,139.12	\$896.22	\$0.00	\$242.90	\$0.00	\$1,151.14	\$905.02	\$0.00	\$246.12	\$0.00	\$12.02	\$8.80	\$3.22	1.1%
BCBS HMO/Medicare														
Employee	\$824.62	\$742.16	\$0.00	\$82.46	\$0.00	\$804.83	\$724.35	\$0.00	\$80.48	\$0.00	-\$19.80	-\$17.82	-\$1.98	-2.4%
Family	\$1,557.69	\$1,401.92	\$0.00	\$155.77	\$0.00	\$1,520.31	\$1,368.27	\$0.00	\$152.03	\$0.00	-\$37.39	-\$33.65	-\$3.74	-2.4%
BCBS Indemnity/Medicare														
Employee	\$630.74	\$504.59	\$0.00	\$126.15	\$0.00	\$615.60	\$492.48	\$0.00	\$123.12		-\$15.14	-\$12.11	-\$3.03	-2.4%
Family	\$1,615.91	\$1,292.73	\$0.00	\$323.18	\$0.00	\$1,577.13	\$1,261.70	\$0.00	\$315.43	\$0.00	-\$38.78	-\$31.03	-\$7.76	-2.4%
BCBS PPO Plus Medicare														
Employee	\$630.74	\$567.67	\$0.00	\$63.07	\$0.00	\$615.60	\$554.04	\$0.00	\$61.56	\$0.00	-\$15.14	-\$13.63	-\$1.51	-2.4%
Family	\$1,615.91	\$1,454.32	\$0.00	\$161.59	\$0.00	\$1,577.13	\$1,419.42	\$0.00	\$157.71	\$0.00	-\$38.78	-\$34.91	-\$3.88	-2.4%

		PY 2021	- Monthly	Rates			PY 2022	- Monthly	Rates		Мо	onthly Rate (Change - 20	022 vs. 2021		Estimated % change
2005 RETIREES	Total Premium	County	/ Cost	Employee C	ontribution	Total Premium	County	Cost	Employee C	ontribution	Total Premium	County	Cost	Employee C	ontribution	
UNDER 65		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness	
BCBS HSA																
Employee	\$998.99	\$849.15	\$869.15	\$149.85	\$129.85	\$1,013.98	\$861.89	\$881.89	\$152.10	\$132.10	\$14.99	\$12.74	\$12.74	\$2.25	\$2.25	
Employee + 1	\$1,909.70	\$1,623.25	\$1,643.25	\$286.46	\$266.46	\$1,938.35	\$1,647.59	\$1,667.59	\$290.75	\$270.75	\$28.64	\$24.34	\$24.34	\$4.30	\$4.30	1.5%
Family	\$2,547.96	\$2,165.76	\$2,185.76	\$382.19	\$362.19	\$2,586.18	\$2,198.25	\$2,218.25	\$387.93	\$367.93	\$38.22	\$32.49	\$32.49	\$5.73	\$5.73	1.5%
Kaiser HMO																
Employee	\$766.93	\$651.89	\$671.89	\$115.04	\$95.04	\$820.58	\$697.49	\$717.49	\$123.09	\$103.09	\$53.65	\$45.60	\$45.60	\$8.05	\$8.05	7.0%
Employee + 1	\$1,466.06	\$1,246.15	\$1,266.15	\$219.91	\$199.91	\$1,568.63	\$1,333.34	\$1,353.34	\$235.29	\$215.29	\$102.57	\$87.18	\$87.18	\$15.39	\$15.39	7.0%
Family	\$1,957.81	\$1,664.14	\$1,684.14	\$293.67	\$273.67	\$2,094.78	\$1,780.56	\$1,800.56	\$314.22	\$294.22	\$136.97	\$116.42	\$116.42	\$20.55	\$20.55	7.0%
BCBS POS																
Employee	\$1,275.02	\$1,083.77	\$1,103.77	\$191.25	\$171.25	\$1,294.15	\$1,100.02	\$1,120.02	\$194.12	\$174.12	\$19.13	\$16.26	\$16.26	\$2.87	\$2.87	1.5%
Employee + 1	\$2,353.42	\$2,000.41	\$2,020.41	\$353.01	\$333.01	\$2,388.72	\$2,030.41	\$2,050.41	\$358.31	\$338.31	\$35.30	\$30.01	\$30.01	\$5.30	\$5.30	1.5%
Family	\$3,193.19	\$2,714.21	\$2,734.21	\$478.98	\$458.98	\$3,241.09	\$2,754.92	\$2,774.92	\$486.16	\$466.16	\$47.90	\$40.72	\$40.72	\$7.19	\$7.19	1.5%
2005 POS RET W/EADV SP	\$1,529.21	\$1,268.70	\$1,288.70	\$260.51	\$240.51	\$1,561.92	\$1,294.83	\$1,314.83	\$267.08	\$247.08	\$32.71	\$26.13	\$26.13	\$6.57	\$6.57	2.1%
2005 POS RET W/HMO MED SP	\$2,099.64	\$1,784.70	\$1,804.70	\$314.95	\$294.95	\$2,098.97	\$1,784.13	\$1,804.13	\$314.85	\$294.85	-\$0.67	-\$0.57	-\$0.57	-\$0.10	-\$0.10	0.0%
BCBS HMO																
Employee	\$1,119.26	\$951.37	\$971.37	\$167.89	\$147.89	\$1,136.05	\$965.64	\$985.64	\$170.41	\$150.41	\$16.79	\$14.27	\$14.27	\$2.52	\$2.52	1.5%
Employee + 1	\$2,065.83	\$1,755.95	\$1,775.95	\$309.87	\$289.87	\$2,096.82	\$1,782.29	\$1,802.29	\$314.52	\$294.52	\$30.99	\$26.34	\$26.34	\$4.65	\$4.65	
Family	\$2,803.11	\$2,382.65	\$2,402.65	\$420.47	\$400.47	\$2,845.16	\$2,418.38	\$2,438.38	\$426.77	\$406.77	\$42.04	\$35.74	\$35.74	\$6.31	\$6.31	1.5%
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		PY 2021	- Monthly	Rates			PY 2022 -	Monthly I	Rates		Mor	nthly Rate Change	- 2022 vs. 2021	Estimated % change
2005 RETIREES	Total Premium	County		Employee Cont	ribution	Total Premium	County C		Employee Co	ontribution	Total Premium	County Cost	Employee Contribution	
OVER 65	Total Premium	County	COSI	Employee Com	iribution	Total Fremium	County C	USI	Employee Co	ontribution	Total Premium	County Cost	Employee Contribution	
Kaiser Senior Advantage Plan														_
REE-Only	\$185.02	\$157.27	\$0.00	\$27.75	\$0.00	\$175.37	\$149.06	\$0.00	\$26.31	\$0.00	-\$9.65	-\$8.20	-\$1.45	-5.2%
REE+1	\$370.03	\$314.53	\$0.00	\$55.50	\$0.00	\$350.74	\$298.13	\$0.00	\$52.61	\$0.00	-\$9.65	-\$0.20 -\$16.40	-\$1.45	-5.2% -5.2%
Family	\$570.03 \$555.05	\$471.79	\$0.00	\$83.26	\$0.00	\$530.74 \$526.11	\$447.19	\$0.00	\$78.92	\$0.00	-\$19.29	-\$16.40	-\$4.34	-5.2%
SR REE + 1 U65 KP HMO DEP	\$951.95	\$809.16	\$0.00	\$142.79	\$0.00	\$995.95	\$846.56	\$0.00	\$149.39	\$0.00	\$44.00	\$37.40	\$6.60	4.6%
REE U65 KP HMO + SR DEP	\$951.95	\$809.16	\$0.00	\$142.79	\$0.00	\$995.95	\$846.56	\$0.00	\$149.39	\$0.00	\$44.00 \$44.00	\$37.40	\$93.31	4.6%
Aetna Medicare Advantage - Base	ψ331.33	ψ003.10	ψ0.00	Ψ142.73	ψ0.00	ψ333.33	ψ0+0.50	ψ0.00	ψ1+3.33	ψ0.00	Ψ+1.00	ψ57.10μ	ψ33.31	4.070
REE-Only	\$217.57	\$184.93	\$0.00	\$32.64	\$0.00	\$229.19	\$194.81	\$0.00	\$34.38	\$0.00	\$11.62	\$9.88	\$1.74	5.3%
REE+1	\$435.14	\$369.87	\$0.00	\$65.27	\$0.00	\$458.38	\$389.62	\$0.00	\$68.76	\$0.00	\$23.24	\$19.75	\$3.49	5.3%
Family	\$652.71	\$554.80	\$0.00	\$97.91	\$0.00	\$687.57	\$584.43	\$0.00	\$103.14	\$0.00	\$34.86	\$29.63	\$5.23	5.3%
MA REE+SP+1 U65 HMO Dep	\$1,554.40	\$1.321.24	\$0.00	\$233.16	\$0.00	\$1,594,43	\$1.355.26	\$0.00	\$239.16	\$0.00	\$40.03	\$34.03	\$6.00	2.6%
MA REE+SP+2 U65 HMO Deps	\$2,500.97	\$2,125.82	\$0.00	\$375.15	\$0.00	\$2,555.20	\$2,171.92	\$0.00	\$383.28	\$0.00	\$54.23	\$46.09	\$8.13	2.2%
MA REE+1 U65 HMO Dep	\$1,336.83	\$1,136,30	\$0.00	\$200.52	\$0.00	\$1,365,24	\$1,160,45	\$0.00	\$204.79	\$0.00	\$28.41	\$24.15	\$4.26	2.1%
MA REE+2 U65 HMO Deps	\$2,283,40	\$1,940.89	\$0.00	\$342.51	\$0.00	\$2,326.01	\$1,977.11	\$0.00	\$348.90	\$0.00	\$42.61	\$36.22	\$6.39	1.9%
MA SP+U65 HMO REE	\$1,336.83	\$1,136.30	\$0.00	\$200.52	\$0.00	\$1,365.24	\$1,160.45	\$0.00	\$204.79	\$0.00	\$28.41	\$24.15	\$4.26	2.1%
MA SP+U65 HMO REE+1 U65 HMO Dep	\$2,283,40	\$1,940.89	\$0.00	\$342.51	\$0.00	\$2,326,01	\$1,977,11	\$0.00	\$348.90	\$0.00	\$42.61	\$36.22	\$6.39	1.9%
MA SP+O65 Ind REE	\$848.31	\$676.91	\$0.00	\$171.40	\$0.00	\$844.79	\$674.98	\$0.00	\$169.81	\$0.00	-\$3.52	-\$1.93	-\$1.59	-0.4%
MA REE+1 O65 Ind Dep	\$848.31	\$676.91	\$0.00	\$171.40	\$0.00	\$844.79	\$674.98	\$0.00	\$169.81	\$0.00	-\$3.52	-\$1.93	-\$1.59	-0.4%
MA REE+2 O65 Ind Deps	\$1.833.48	\$1,445.35	\$0.00	\$388.14	\$0.00	\$1,806,32	\$1,424,97	\$0.00	\$381.35	\$0.00	-\$27.16	-\$20.37	-\$6.79	-1.5%
MA REE+SP+1 O65 Ind Dep	\$1,065.88	\$861.85	\$0.00	\$204.03	\$0.00	\$1,073.98	\$869.79	\$0.00	\$204.19	\$0.00	\$8.10	\$7.94	\$0.15	0.8%
Enhanced Aetna Medicare Advantage - Buy-	ир													
REE-Only	\$254.19	\$184.93	\$0.00	\$69.26	\$0.00	\$267.77	\$194.81	\$0.00	\$72.96	\$0.00	\$13.58	\$9.88	\$3.70	5.3%
REE+1	\$508.38	\$369.87	\$0.00	\$138.51	\$0.00	\$535.54	\$389.62	\$0.00	\$145.92	\$0.00	\$27.16	\$19.75	\$7.41	5.3%
Family	\$762.57	\$554.80	\$0.00	\$207.77	\$0.00	\$803.31	\$584.43	\$0.00	\$218.88	\$0.00	\$40.74	\$29.63	\$11.11	5.3%
MA REE+SP+1 U65 HMO Dep	\$1,627.64	\$1,321.24	\$0.00	\$306.40	\$0.00	\$1,671.59	\$1,355.26	\$0.00	\$316.32	\$0.00	\$43.95	\$34.03	\$9.92	2.7%
MA REE+SP+2 U65 HMO Deps	\$2,574.21	\$2,125.82	\$0.00	\$448.39	\$0.00	\$2,632.36	\$2,171.92	\$0.00	\$460.44	\$0.00	\$58.15	\$46.09	\$12.05	2.3%
MA REE+1 U65 HMO Dep	\$1,373.45	\$1,136.30	\$0.00	\$237.14	\$0.00	\$1,403.82	\$1,160.45	\$0.00	\$243.37	\$0.00	\$30.37	\$24.15	\$6.22	2.2%
MA REE+2 U65 HMO Deps	\$2,320.02	\$1,940.89	\$0.00	\$379.13	\$0.00	\$2,364.59	\$1,977.11	\$0.00	\$387.48	\$0.00	\$44.57	\$36.22	\$8.35	1.9%
MA SP+U65 HMO REE	\$1,373.45	\$1,136.30	\$0.00	\$237.14	\$0.00	\$1,403.82	\$1,160.45	\$0.00	\$243.37	\$0.00	\$30.37	\$24.15	\$6.22	2.2%
MA SP+U65 HMO REE+1 U65 HMO Dep	\$2,320.02	\$1,940.89	\$0.00	\$379.13	\$0.00	\$2,364.59	\$1,977.11	\$0.00	\$387.48	\$0.00	\$44.57	\$36.22	\$8.35	1.9%
MA SP+O65 Ind REE	\$884.93	\$676.91	\$0.00	\$208.02	\$0.00	\$883.37	\$674.98	\$0.00	\$208.39	\$0.00	-\$1.56	-\$1.93	\$0.37	-0.2%
MA REE+1 O65 Ind Dep	\$884.93	\$676.91	\$0.00	\$208.02	\$0.00	\$883.37	\$674.98	\$0.00	\$208.39	\$0.00	-\$1.56	-\$1.93	\$0.37	-0.2%
MA REE+2 O65 Ind Deps	\$1,870.10	\$1,445.35	\$0.00	\$424.76	\$0.00	\$1,844.90	\$1,424.97	\$0.00	\$419.93	\$0.00	-\$25.20	-\$20.37	-\$4.83	-1.3%
MA REE+SP+1 O65 Ind Dep	\$1,139.12	\$861.85	\$0.00	\$277.27	\$0.00	\$1,151.14	\$869.79	\$0.00	\$281.35	\$0.00	\$12.02	\$7.94	\$4.07	1.1%
BCBS HMO/Medicare														
Employee	\$824.62	\$700.93	\$0.00	\$123.69	\$0.00	\$804.83	\$684.10	\$0.00	\$120.72	\$0.00	-\$19.80	-\$16.83	-\$2.97	-2.4%
Family	\$1,557.69	\$1,324.04	\$0.00	\$233.65	\$0.00	\$1,520.31	\$1,292.26	\$0.00	\$228.05	\$0.00	-\$37.39	-\$31.78	-\$5.61	-2.4%
BCBS Indemnity/Medicare														
Employee	\$630.74	\$491.98	\$0.00	\$138.76	\$0.00	\$615.60	\$480.17	\$0.00	\$135.43	\$0.00	-\$15.14	-\$11.81	-\$3.33	-2.4%
Family	\$1,615.91	\$1,260.41	\$0.00	\$355.50	\$0.00	\$1,577.13	\$1,230.16	\$0.00	\$346.97	\$0.00	-\$38.78	-\$30.25	-\$8.53	-2.4%

		PY 2021	- Monthly	Rates			PY 2022	- Monthly	Rates		Мо	nthly Rate C	Change - 20	022 vs. 2021		Estimated % change
2006 RETIREES	Total Premium	County	Cost	Employee C	ontribution	Total Premium	County	Cost	Employee C	ontribution	Total Premium	County	Cost	Employee Co	ontribution	
UNDER 65		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness	
BCBS HSA																
Employee	\$998.99	\$829.17	\$849.17	\$169.83	\$149.83	\$1,013.98	\$841.61	\$861.61	\$172.38	\$152.38	\$14.99	\$12.44	\$12.44	\$2.55	\$2.55	
Employee + 1	\$1,909.70	\$1,585.05	\$1,605.05	\$324.65	\$304.65	\$1,938.35	\$1,608.83	\$1,628.83	\$329.52	\$309.52	\$28.64	\$23.77	\$23.77		\$4.87	
Family	\$2,547.96	\$2,114.81	\$2,134.81	\$433.15	\$413.15	\$2,586.18	\$2,146.53	\$2,166.53	\$439.65	\$419.65	\$38.22	\$31.72	\$31.72	\$6.50	\$6.50	1.5%
Kaiser HMO																
Employee	\$766.93	\$636.55	\$656.55	\$130.38	\$110.38	\$820.58	\$681.08	\$701.08	\$139.50	\$119.50	\$53.65	\$44.53	\$44.53	\$9.12	\$9.12	7.0%
Employee + 1	\$1,466.06	\$1,216.83	\$1,236.83	\$249.23	\$229.23	\$1,568.63	\$1,301.96	\$1,321.96	\$266.67	\$246.67	\$102.57	\$85.13	\$85.13	\$17.44	\$17.44	7.0%
Family	\$1,957.81	\$1,624.98	\$1,644.98	\$332.83	\$312.83	\$2,094.78	\$1,738.67	\$1,758.67	\$356.11	\$336.11	\$136.97	\$113.69	\$113.69	\$23.28	\$23.28	
2006 Kaiser RET W/OVERAGE HMO MED DEF	\$951.95	\$790.12	\$656.55	\$161.83	\$110.38	\$995.95	\$826.64	\$846.64	\$169.31	\$149.31	\$44.00	\$36.52	\$190.09	\$7.48	\$38.93	4.6%
BCBS POS																
Employee	\$1,275.02	\$1,058.27	\$1,078.27	\$216.75	\$196.75	\$1,294.15	\$1,074.14	\$1,094.14	\$220.00	\$200.00	\$19.13	\$15.88	\$15.88	\$3.25	\$3.25	
Employee + 1	\$2,353.42	\$1,953.34	\$1,973.34	\$400.08	\$380.08	\$2,388.72	\$1,982.64	\$2,002.64	\$406.08	\$386.08	\$35.30	\$29.30	\$29.30	\$6.00	\$6.00	1.5%
Family	\$3,193.19	\$2,650.34	\$2,670.34	\$542.84	\$522.84	\$3,241.09	\$2,690.10	\$2,710.10	\$550.98	\$530.98	\$47.90	\$39.76	\$39.76	\$8.14	\$8.14	1.5%
2006 POS RET W/MADV SP	\$1,492.59	\$1,238.85	\$1,258.85	\$253.74	\$233.74	\$1,523.34	\$1,264.37	\$1,284.37	\$258.97	\$238.97	\$30.75	\$25.52	\$25.52	\$5.23	\$5.23	
2006 POS RET W/HMO MED SP	\$2,099.64	\$1,742.70	\$1,762.70	\$356.94	\$336.94	\$2,098.97	\$1,742.15	\$1,762.15	\$356.83	\$336.83	-\$0.67	-\$0.55	-\$0.55	-\$0.11	-\$0.11	0.0%
BCBS HMO																
Employee	\$1,119.26	\$928.98	\$948.98	\$190.27	\$170.27	\$1,136.05	\$942.92	\$962.92	\$193.13	\$173.13	\$16.79	\$13.94	\$13.94	\$2.85	\$2.85	
Employee + 1	\$2,065.83	\$1,714.64	\$1,734.64	\$351.19	\$331.19	\$2,096.82	\$1,740.36	\$1,760.36	\$356.46	\$336.46	\$30.99	\$25.72	\$25.72	\$5.27	\$5.27	
Family	\$2,803.11	\$2,326.58	\$2,346.58	\$476.53	\$456.53	\$2,845.16	\$2,361.48	\$2,381.48	\$483.68	\$463.68	\$42.04	\$34.90	\$34.90	\$7.15	\$7.15	1.5%

														Estimated % change
		PY 2021 -	Monthly	Rates			PY 2022 -	Monthly I	Rates		Мо	nthly Rate Change	- 2022 vs. 2021	70 Change
2006 RETIREES	Total Premium	County C	Cost	Employee Contr	ibution	Total Premium	County County County County County County	ost	Employee Co	ontribution	Total Premium	County Cost	Employee Contribution	
OVER 65														
Kaiser Senior Advantage Plan														
REE-Only	\$185.02	\$153.57	\$0.00	\$31.45	\$0.00	\$175.37	\$145.56	\$0.00	\$29.81	\$0.00	-\$9.65	-\$8.01	-\$1.64	-5.2%
REE+1	\$370.03	\$307.12	\$0.00	\$62.91	\$0.00	\$350.74	\$291.11	\$0.00	\$59.63	\$0.00	-\$19.29	-\$16.01	-\$3.28	-5.2%
Family	\$555.05	\$460.69	\$0.00	\$94.36	\$0.00	\$526.11	\$436.67	\$0.00	\$89.44	\$0.00	-\$28.94	-\$24.02	-\$4.92	-5.2%
SR REE + 1 U65 KP HMO DEP	\$951.95	\$790.12	\$0.00	\$161.83	\$0.00	\$995.95	\$826.64	\$0.00	\$169.31	\$0.00	\$44.00	\$36.52	\$7.48	4.6%
REE U65 KP HMO + SR DEP	\$951.95	\$790.12	\$0.00	\$161.83	\$0.00	\$995.95	\$826.64	\$0.00	\$169.31	\$0.00	\$44.00	\$36.52	\$7.48	4.6%
Aetna Medicare Advantage - Base														
REE-Only	\$217.57	\$180.58	\$0.00	\$36.99	\$0.00	\$229.19	\$190.23	\$0.00	\$38.96	\$0.00	\$11.62	\$9.64	\$1.98	5.3%
REE+1	\$435.14	\$361.17	\$0.00	\$73.97	\$0.00	\$458.38	\$380.46	\$0.00	\$77.92	\$0.00	\$23.24	\$19.29	\$3.95	5.3%
Family	\$652.71	\$541.75	\$0.00	\$110.96	\$0.00	\$687.57	\$570.68	\$0.00	\$116.89	\$0.00	\$34.86	\$28.93	\$5.93	5.3%
MA REE+SP+1 U65 HMO Dep	\$1,554.40	\$1,290.15	\$0.00	\$264.25	\$0.00	\$1,594.43	\$1,323.38	\$0.00	\$271.05	\$0.00	\$40.03	\$33.23	\$6.81	2.6%
MA REE+SP+2 U65 HMO Deps	\$2,500.97	\$2,075.80	\$0.00	\$425.16	\$0.00	\$2,555.20	\$2,120.81	\$0.00	\$434.38	\$0.00	\$54.23	\$45.01	\$9.22	2.2%
MA REE+1 U65 HMO Dep	\$1,336.83	\$1,109.57	\$0.00	\$227.26	\$0.00	\$1,365.24	\$1,133.15	\$0.00	\$232.09	\$0.00	\$28.41	\$23.58	\$4.83	2.1%
MA REE+2 U65 HMO Deps	\$2,283.40	\$1,895.22	\$0.00	\$388.18	\$0.00	\$2,326.01	\$1,930.59	\$0.00	\$395.42	\$0.00	\$42.61	\$35.36	\$7.24	1.9%
MA SP+U65 HMO REE	\$1,336.83	\$1,109.57	\$0.00	\$227.26	\$0.00	\$1,365.24	\$1,133.15	\$0.00	\$232.09	\$0.00	\$28.41	\$23.58	\$4.83	2.1%
MA SP+U65 HMO REE+1 U65 HMO Dep	\$2,283.40	\$1,895.22	\$0.00	\$388.18	\$0.00	\$2,326.01	\$1,930.59	\$0.00	\$395.42	\$0.00	\$42.61	\$35.36	\$7.24	1.9%
MA SP+O65 Ind REE	\$848.31	\$666.26	\$0.00	\$182.06	\$0.00	\$844.79	\$664.24	\$0.00	\$180.55	\$0.00	-\$3.52	-\$2.01	-\$1.51	-0.4%
MA REE+1 O65 Ind Dep	\$848.31	\$666.26	\$0.00	\$182.06	\$0.00	\$844.79	\$664.24	\$0.00	\$180.55	\$0.00	-\$3.52	-\$2.01	-\$1.51	-0.4%
MA REE+2 O65 Ind Deps	\$1,833.48	\$1,424.84	\$0.00	\$408.65	\$0.00	\$1,806.32	\$1,404.62	\$0.00	\$401.70	\$0.00	-\$27.16	-\$20.22	-\$6.94	-1.5%
MA REE+SP+1 O65 Ind Dep	\$1,065.88	\$846.84	\$0.00	\$219.04	\$0.00	\$1,073.98	\$854.47	\$0.00	\$219.51	\$0.00	\$8.10	\$7.63	\$0.47	0.8%
Enhanced Aetna Medicare Advantage - Buy-u	ıp													
REE-Only	\$254.19	\$180.58	\$0.00	\$73.61	\$0.00	\$267.77	\$190.23	\$0.00	\$77.54	\$0.00	\$13.58	\$9.64	\$3.94	5.3%
REE+1	\$508.38	\$361.17	\$0.00	\$147.21	\$0.00	\$535.54	\$380.46	\$0.00	\$155.08	\$0.00	\$27.16	\$19.29	\$7.87	5.3%
Family	\$762.57	\$541.75	\$0.00	\$220.82	\$0.00	\$803.31	\$570.68	\$0.00	\$232.63	\$0.00	\$40.74	\$28.93	\$11.81	5.3%
MA REE+SP+1 U65 HMO Dep	\$1,627.64	\$1,290.15	\$0.00	\$337.49	\$0.00	\$1,671.59	\$1,323.38	\$0.00	\$348.21	\$0.00	\$43.95	\$33.23	\$10.73	2.7%
MA REE+SP+2 U65 HMO Deps	\$2,574.21	\$2,075.80	\$0.00	\$498.40	\$0.00	\$2,632.36	\$2,120.81	\$0.00	\$511.54	\$0.00	\$58.15	\$45.01	\$13.14	2.3%
MA REE+1 U65 HMO Dep	\$1,373.45	\$1,109.57	\$0.00	\$263.88	\$0.00	\$1,403.82	\$1,133.15	\$0.00	\$270.67	\$0.00	\$30.37	\$23.58	\$6.79	2.2%
MA REE+2 U65 HMO Deps	\$2,320.02	\$1,895.22	\$0.00	\$424.80	\$0.00	\$2,364.59	\$1,930.59	\$0.00	\$434.00	\$0.00	\$44.57	\$35.36	\$9.20	1.9%
MA SP+U65 HMO REE	\$1,373.45	\$1,109.57	\$0.00	\$263.88	\$0.00	\$1,403.82	\$1,133.15	\$0.00	\$270.67	\$0.00	\$30.37	\$23.58	\$6.79	2.2%
MA SP+U65 HMO REE+1 U65 HMO Dep	\$2,320.02	\$1,895.22	\$0.00	\$424.80	\$0.00	\$2,364.59	\$1,930.59	\$0.00	\$434.00	\$0.00	\$44.57	\$35.36	\$9.20	1.9%
MA SP+O65 Ind REE	\$884.93	\$666.26	\$0.00	\$218.68	\$0.00	\$883.37	\$664.24	\$0.00	\$219.13	\$0.00	-\$1.56	-\$2.01	\$0.45	-0.2%
MA REE+1 O65 Ind Dep	\$884.93	\$666.26	\$0.00	\$218.68	\$0.00	\$883.37	\$664.24	\$0.00	\$219.13	\$0.00	-\$1.56	-\$2.01	\$0.45	-0.2%
MA REE+2 O65 Ind Deps	\$1,870.10	\$1,424.84	\$0.00	\$445.27	\$0.00	\$1,844.90	\$1,404.62	\$0.00	\$440.28	\$0.00	-\$25.20	-\$20.22	-\$4.98	-1.3%
MA REE+SP+1 O65 Ind Dep	\$1,139.12	\$846.84	\$0.00	\$292.28	\$0.00	\$1,151.14	\$854.47	\$0.00	\$296.67	\$0.00	\$12.02	\$7.63	\$4.39	1.1%
BCBS HMO/Medicare														
Employee	\$824.62	\$684.44	\$0.00	\$140.19	\$0.00	\$804.83	\$668.01	\$0.00	\$136.82	\$0.00	-\$19.80	-\$16.43	-\$3.37	-2.4%
Family	\$1,557.69	\$1,292.88	\$0.00	\$264.81	\$0.00	\$1,520.31	\$1,261.85	\$0.00	\$258.45	\$0.00	-\$37.39	-\$31.03	-\$6.36	-2.4%
BCBS Indemnity/Medicare														
Employee	\$630.74	\$485.67	\$0.00	\$145.07	\$0.00	\$615.60	\$474.01	\$0.00	\$141.59	\$0.00	-\$15.14	-\$11.66	-\$3.48	-2.4%
Family	\$1,615.91	\$1,244.25	\$0.00	\$371.66	\$0.00	\$1,577.13	\$1,214.39	\$0.00	\$362.74	\$0.00	-\$38.78	-\$29.86	-\$8.92	-2.4%

2022 Medical & Rx Rates 2022 VS 2021 Monthly Rate Comparison

		PY 2021	- Monthly				PY 2022	: - Monthly			Мо	nthly Rate (Change - 20	022 vs. 2021		Estimated % change
2007 - 2011 RETIREES	Total Premium	County	/ Cost	Employee C	ontribution	Total Premium	County	Cost	Employee C	ontribution	Total Premium	County	Cost	Employee C		
UNDER 65		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness	
BCBS HSA																
Employee	\$998.99	\$799.20	\$819.20	\$199.80	\$179.80	\$1,013.98	\$811.19	\$831.19	\$202.80	\$182.80	\$14.99	\$11.99	\$11.99	\$3.00	\$3.00	
Employee + 1	\$1,909.70	\$1,527.76	\$1,547.76	\$381.94	\$361.94	\$1,938.35	\$1,550.68	\$1,570.68	\$387.67	\$367.67	\$28.64	\$22.91	\$22.91	\$5.73	\$5.73	
Family	\$2,547.96	\$2,038.37	\$2,058.37	\$509.59	\$489.59	\$2,586.18	\$2,068.94	\$2,088.94	\$517.24	\$497.24	\$38.22	\$30.58	\$30.58	\$7.64	\$7.64	1.5%
Kaiser HMO																
Employee	\$766.93	\$613.54	\$633.54	\$153.39	\$133.39	\$820.58	\$656.46	\$676.46	\$164.12	\$144.12	\$53.65	\$42.92	\$42.92	\$10.73	\$10.73	7.0%
Employee + 1	\$1,466.06	\$1,172.85	\$1,192.85	\$293.21	\$273.21	\$1,568.63	\$1,254.90	\$1,274.90	\$313.73	\$293.73	\$102.57	\$82.06	\$82.06	\$20.51	\$20.51	7.0%
Family	\$1,957.81	\$1,566.25	\$1,586.25	\$391.56	\$371.56	\$2,094.78	\$1,675.82	\$1,695.82	\$418.96	\$398.96	\$136.97	\$109.58	\$109.58	\$27.39	\$27.39	7.0%
2007 Kaiser RET W/OVERAGE HMO MED DEF	\$951.95	\$761.56	\$633.54	\$190.39	\$133.39	\$995.95	\$796.76	\$816.76	\$199.19	\$179.19	\$44.00	\$35.20	\$183.22	\$8.80	\$45.80	4.6%
BCBS POS																
Employee	\$1,275.02	\$1,020.01	\$1,040.01	\$255.00	\$235.00	\$1,294.15	\$1,035.32	\$1,055.32	\$258.83	\$238.83	\$19.13	\$15.30	\$15.30	\$3.83	\$3.83	1.5%
Employee + 1	\$2,353.42	\$1,882.73	\$1,902.73	\$470.68	\$450.68	\$2,388.72	\$1,910.98	\$1,930.98	\$477.74	\$457.74	\$35.30	\$28.24	\$28.24	\$7.06	\$7.06	
Family	\$3,193.19	\$2,554.55	\$2,574.55	\$638.64	\$618.64	\$3,241.09	\$2,592.87	\$2,612.87	\$648.22	\$628.22	\$47.90	\$38.32	\$38.32	\$9.58	\$9.58	
2007-2011 POS RET W/MADV SP	\$1,492.59	\$1,194.07	\$1,214.07	\$298.52	\$278.52	\$1,523.34	\$1,218.67	\$1,238.67	\$304.67	\$284.67	\$30.75	\$24.60	\$24.60	\$6.15	\$6.15	2.1%
2007-2011 2 POS<65 W/MADV SP	\$2,570.99	\$2,056.79	\$2,076.79	\$514.20	\$494.20	\$2,617.91	\$2,094.33	\$2,114.33	\$523.58	\$503.58	\$46.92	\$37.54	\$37.54	\$9.38	\$9.38	1.8%
2007-2011 2 POS<65 W/MADV SP + 1	\$2,788.56	\$2,230.85	\$2,250.85	\$557.71	\$537.71	\$2,847.10	\$2,277.68	\$2,297.68	\$569.42	\$549.42	\$58.54	\$46.83	\$46.83	\$11.71	\$11.71	
2007-2011 POS RET W/EADV SP	\$1,529.21	\$1,194.07	\$1,214.07	\$335.14	\$315.14	\$1,561.92	\$1,218.67	\$1,238.67	\$343.25	\$323.25	\$32.71	\$24.60	\$24.60	\$8.11	\$8.11	
2007-2011 2 POS<65 W/EADV SP	\$2,607.61	\$2,056.79	\$1,902.73	\$550.82	\$450.68	\$2,656.49	\$2,094.33	\$2,114.33	\$562.16	\$542.16	\$48.88	\$37.54	\$211.59	\$11.34	\$91.48	
2007-2011 2 POS<65 W/EADV SP + 1	\$2,861.80	\$2,230.85	\$1,902.73	\$630.95	\$450.68	\$2,924.26	\$2,277.68	\$2,297.68	\$646.58	\$626.58	\$62.46	\$46.83	\$394.95	\$15.63	\$175.90	2.2%
2007-2011 POS RET W/HMO SP	\$2,099.64	\$1,679.71	\$1,040.01	\$419.93	\$235.00	\$2,098.97	\$1,679.18	\$1,699.18	\$419.79	\$399.79	-\$0.67	-\$0.53	\$659.16	-\$0.13	\$164.79	0.0%
2007-2011 RET W/IND MED SP	\$1,905.76	\$1,493.07	\$1,040.01	\$412.69	\$235.00	\$1,909.75	\$1,497.02	\$1,517.02	\$412.73	\$392.73	\$3.99	\$3.95	\$477.00	\$0.04	\$157.73	0.2%
BCBS HMO																
Employee	\$1,119.26	\$895.41	\$915.41	\$223.85	\$203.85	\$1,136.05	\$908.84	\$928.84	\$227.21	\$207.21	\$16.79	\$13.43	\$13.43	\$3.36	\$3.36	
Employee + 1	\$2,065.83	\$1,652.66	\$1,672.66	\$413.17	\$393.17	\$2,096.82	\$1,677.45	\$1,697.45	\$419.36	\$399.36	\$30.99	\$24.79	\$24.79	\$6.20	\$6.20	
Family	\$2,803.11	\$2,242.49	\$2,262.49	\$560.62	\$540.62	\$2,845.16	\$2,276.13	\$2,296.13	\$569.03	\$549.03	\$42.04	\$33.64	\$33.64	\$8.41	\$8.41	1.5%

		PY 2021 - I	Rates			PY 2022 -	Monthly	Rates		Mo	nthly Rate Chan	ge - 2022 vs. 2021	Estimated % change	
2007 - 2011 RETIREES	Total Premium	County Co	ost	Employee Con	tribution	Total Premium	County Co	st	Employee Cor	tribution	Total Premium	County Cost	Employee Contribution	
OVER 65														
Kaiser Senior Advantage Plan														
REE-Only	\$185.02	\$148.02	\$0.00	\$37.00	\$0.00	\$175.37	\$140.30	\$0.00	\$35.07	\$0.00	-\$9.65	-\$7.72	-\$1.93	-5.2%
REE+1	\$370.03	\$296.02	\$0.00	\$74.01	\$0.00	\$350.74	\$280.59	\$0.00	\$70.15	\$0.00	-\$19.29	-\$15.43	-\$3.86	-5.2%
Family	\$555.05	\$444.04	\$0.00	\$111.01	\$0.00	\$526.11	\$420.89	\$0.00	\$105.22	\$0.00	-\$28.94	-\$23.15	-\$5.79	-5.2%
SR REE + 1 U65 KP HMO DEP	\$951.95	\$761.56	\$0.00	\$190.39	\$0.00	\$995.95	\$796.76	\$0.00	\$199.19	\$0.00	\$44.00	\$35.20	\$8.80	4.6%
REE U65 KP HMO + SR DEP	\$951.95	\$761.56	\$0.00	\$190.39	\$0.00	\$995.95	\$796.76	\$0.00	\$199.19	\$0.00	\$44.00	\$35.20	\$8.80	4.6%
Aetna Medicare Advantage - Base														
REE-Only	\$217.57	\$174.06	\$0.00	\$43.51	\$0.00	\$229.19	\$183.35	\$0.00	\$45.84	\$0.00	\$11.62	\$9.30	\$2.32	5.3%
REE+1	\$435.14	\$348.11	\$0.00	\$87.03	\$0.00	\$458.38	\$366.70	\$0.00	\$91.68	\$0.00	\$23.24	\$18.59	\$4.65	5.3%
Family	\$652.71	\$522.17	\$0.00	\$130.54	\$0.00	\$687.57	\$550.06	\$0.00	\$137.51	\$0.00	\$34.86	\$27.89	\$6.97	5.3%
MA REE+SP+1 U65 HMO Dep	\$1,554.40	\$1,243.52	\$0.00	\$310.88	\$0.00	\$1,594.43	\$1,275.54	\$0.00	\$318.89	\$0.00	\$40.03	\$32.02	\$8.01	2.6%
MA REE+SP+2 U65 HMO Deps	\$2,500.97	\$2,000.78	\$0.00	\$500.19	\$0.00	\$2,555.20	\$2,044.16	\$0.00	\$511.04	\$0.00	\$54.23	\$43.38	\$10.85	2.2%
MA REE+1 U65 HMO Dep	\$1,336.83	\$1,069.46	\$0.00	\$267.37	\$0.00	\$1,365.24	\$1,092.19	\$0.00	\$273.05	\$0.00	\$28.41	\$22.73	\$5.68	2.1%
MA REE+2 U65 HMO Deps	\$2,283.40	\$1,826.72	\$0.00	\$456.68	\$0.00	\$2,326.01	\$1,860.81	\$0.00	\$465.20	\$0.00	\$42.61	\$34.09	\$8.52	1.9%
MA SP+U65 HMO REE	\$1,336.83	\$1,069.46	\$0.00	\$267.37	\$0.00	\$1,365.24	\$1,092.19	\$0.00	\$273.05	\$0.00	\$28.41	\$22.73	\$5.68	2.1%
MA SP+U65 HMO REE+1 U65 HMO Dep	\$2,283.40	\$1,826.72	\$0.00	\$456.68	\$0.00	\$2,326.01	\$1,860.81	\$0.00	\$465.20	\$0.00	\$42.61	\$34.09	\$8.52	1.9%
MA SP+O65 Ind REE	\$848.31	\$647.11	\$0.00	\$201.20	\$0.00	\$844.79	\$645.05	\$0.00	\$199.74	\$0.00	-\$3.52	-\$2.06	-\$1.46	-0.4%
MA REE+1 O65 Ind Dep	\$848.31	\$647.11	\$0.00	\$201.20	\$0.00	\$844.79	\$645.05	\$0.00	\$199.74	\$0.00	-\$3.52	-\$2.06	-\$1.46	-0.4%
MA REE+2 O65 Ind Deps MA REE+SP+1 O65 Ind Dep	\$1,833.48 \$1,065.88	\$1,385.99 \$821.17	\$0.00 \$0.00	\$447.49 \$244.71	\$0.00 \$0.00	\$1,806.32 \$1,073.98	\$1,366.20 \$828.41	\$0.00 \$0.00	\$440.12 \$245.58	\$0.00 \$0.00	-\$27.16 \$8.10	-\$19.79 \$7.24	-\$7.37 \$0.86	-1.5% 0.8%
Enhanced Aetna Medicare Advantage - Buy		\$821.17	\$0.00	\$244.71	\$0.00	\$1,073.98	\$828.41	\$0.00	\$245.58	\$0.00	\$8.10	\$7.24	\$0.86	0.8%
REE-Only	\$254.19	\$174.06	\$0.00	\$80.13	\$0.00	\$267.77	\$183.35	\$0.00	\$84.42	\$0.00	\$13.58	\$9.30	\$4.28	5.3%
REE+1	\$508.38	\$348.11	\$0.00	\$160.27	\$0.00	\$535.54	\$366.70	\$0.00	\$168.84	\$0.00	\$27.16	\$18.59	\$8.57	5.3%
Family	\$762.57	\$522.17	\$0.00	\$240.40	\$0.00	\$803.31	\$550.06	\$0.00	\$253.25	\$0.00	\$40.74	\$27.89	\$12.85	5.3%
MA REE+SP+1 U65 HMO Dep	\$1,627.64	\$1,243,52	\$0.00	\$384.12	\$0.00	\$1,671,59	\$1,275.54	\$0.00	\$396.05	\$0.00	\$43.95	\$32.02	\$11.93	2.7%
MA REE+SP+2 U65 HMO Deps	\$2.574.21	\$2,000.78	\$0.00	\$573.43	\$0.00	\$2.632.36	\$2.044.16	\$0.00	\$588.20	\$0.00	\$58.15	\$43.38	\$14.77	2.3%
MA REE+1 U65 HMO Dep	\$1,373.45	\$1,069.46	\$0.00	\$303.99	\$0.00	\$1,403,82	\$1,092.19	\$0.00	\$311.63	\$0.00	\$30.37	\$22.73	\$7.64	2.2%
MA REE+2 U65 HMO Deps	\$2,320.02	\$1.826.72	\$0.00	\$493.30	\$0.00	\$2,364,59	\$1,860.81	\$0.00	\$503.78	\$0.00	\$44.57	\$34.09	\$10.48	1.9%
MA SP+U65 HMO REE	\$1,373.45	\$1,069.46	\$0.00	\$303.99	\$0.00	\$1,403.82	\$1,092.19	\$0.00	\$311.63	\$0.00	\$30.37	\$22.73	\$7.64	2.2%
MA SP+U65 HMO REE+1 U65 HMO Dep	\$2,320.02	\$1,826.72	\$0.00	\$493.30	\$0.00	\$2,364.59	\$1,860.81	\$0.00	\$503.78	\$0.00	\$44.57	\$34.09	\$10.48	1.9%
MA SP+O65 Ind REE	\$884.93	\$647.11	\$0.00	\$237.82	\$0.00	\$883.37	\$645.05	\$0.00	\$238.32	\$0.00	-\$1.56	-\$2.06	\$0.50	-0.2%
MA REE+1 O65 Ind Dep	\$884.93	\$647.11	\$0.00	\$237.82	\$0.00	\$883.37	\$645.05	\$0.00	\$238.32	\$0.00	-\$1.56	-\$2.06	\$0.50	-0.2%
MA REE+2 O65 Ind Deps	\$1,870.10	\$1,385.99	\$0.00	\$484.11	\$0.00	\$1,844.90	\$1,366.20	\$0.00	\$478.70	\$0.00	-\$25.20	-\$19.79	-\$5.41	-1.3%
MA REE+SP+1 O65 Ind Dep	\$1,139.12	\$821.17	\$0.00	\$317.95	\$0.00	\$1,151.14	\$828.41	\$0.00	\$322.74	\$0.00	\$12.02	\$7.24	\$4.78	1.1%
BCBS HMO/Medicare														
Employee	\$824.62	\$659.70	\$0.00	\$164.92	\$0.00	\$804.83	\$643.86	\$0.00	\$160.97	\$0.00	-\$19.80	-\$15.84	-\$3.96	-2.4%
Family	\$1,557.69	\$1,246.15	\$0.00	\$311.54	\$0.00	\$1,520.31	\$1,216.24	\$0.00	\$304.06	\$0.00	-\$37.39	-\$29.91	-\$7.48	-2.4%
BCBS Indemnity/Medicare														
Employee	\$630.74	\$473.06	\$0.00	\$157.69	\$0.00	\$615.60	\$461.70	\$0.00	\$153.90	\$0.00	-\$15.14	-\$11.36	-\$3.79	-2.4%
Family	\$1,615.91	\$1,211.93	\$0.00	\$403.98	\$0.00	\$1,577.13	\$1,182.85	\$0.00	\$394.28	\$0.00	-\$38.78	-\$29.09	-\$9.70	-2.4%

		PY 2021	- Monthly				PY 2022	- Monthly	Rates		Мо	nthly Rate C	Change - 20)22 vs. 2021		Estimated % change
2012 - 2015 RETIREES	Total Premium	County		Employee Co		Total Premium	County		Employee C		Total Premium	County		Employee C		
UNDER 65		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness	
BCBS HSA																
Employee	\$998.99	\$779.22	\$799.22	\$219.78	\$199.78	\$1,013.98	\$790.91	\$810.91	\$223.08	\$203.08	\$14.99	\$11.69	\$11.69	\$3.30	\$3.30	
Employee + 1	\$1,909.70	\$1,489.57	\$1,509.57	\$420.13	\$400.13	\$1,938.35	\$1,511.91	\$1,531.91	\$426.44	\$406.44	\$28.64	\$22.34	\$22.34	\$6.30		
Family	\$2,547.96	\$1,987.41	\$2,007.41	\$560.55	\$540.55	\$2,586.18	\$2,017.22	\$2,037.22	\$568.96	\$548.96	\$38.22	\$29.81	\$29.81	\$8.41	\$8.41	1.5%
Kaiser HMO																
Employee	\$766.93	\$598.21	\$618.21	\$168.72	\$148.72	\$820.58	\$640.05	\$660.05	\$180.53	\$160.53	\$53.65	\$41.85	\$41.85	\$11.80	\$11.80	
Employee + 1	\$1,466.06	\$1,143.53	\$1,163.53	\$322.53	\$302.53	\$1,568.63	\$1,223.53	\$1,243.53	\$345.10	\$325.10	\$102.57	\$80.00	\$80.00	\$22.57	\$22.57	
Family	\$1,957.81	\$1,527.09	\$1,547.09	\$430.72	\$410.72	\$2,094.78	\$1,633.93	\$1,653.93	\$460.85	\$440.85	\$136.97	\$106.84	\$106.84	\$30.13	\$30.13	7.0%
2012 Kaiser RET W/OVERAGE HMO MED DEF	\$951.95	\$742.52	\$618.21	\$209.43	\$148.72	\$995.95	\$776.84	\$796.84	\$219.11	\$199.11	\$44.00	\$34.32	\$178.64	\$9.68	\$50.38	4.6%
BCBS POS																
Employee	\$1,275.02	\$994.51	\$1,014.51	\$280.50	\$260.50	\$1,294.15	\$1,009.43	\$1,029.43	\$284.71	\$264.71	\$19.13	\$14.92	\$14.92	\$4.21	\$4.21	
Employee + 1	\$2,353.42	\$1,835.67	\$1,855.67	\$517.75	\$497.75	\$2,388.72	\$1,863.20	\$1,883.20	\$525.52	\$505.52	\$35.30	\$27.54	\$27.54	\$7.77	\$7.77	
Family	\$3,193.19	\$2,490.69	\$2,510.69	\$702.50	\$682.50	\$3,241.09	\$2,528.05	\$2,548.05	\$713.04	\$693.04	\$47.90	\$37.36	\$37.36	\$10.54	\$10.54	
2015-2015 POS ET W/MADV SP	\$1,492.59	\$1,164.22	\$1,184.22	\$328.37	\$308.37	\$1,523.34	\$1,188.20	\$1,208.20	\$335.13	\$315.13	\$30.75	\$23.98	\$23.98	\$6.76	\$6.76	
2015-2015 POS ET W/ 2 MADV Deps	\$1,710.16	\$1,333.92	\$1,014.51	\$376.23	\$260.50	\$1,752.53	\$1,366.97	\$1,386.97	\$385.56	\$365.56	\$42.37	\$33.05	\$372.46	\$9.32		2.5%
2012-2015 2<65 POS W/MADV SP	\$2,570.99	\$2,005.37	\$1,855.67	\$565.62	\$497.75	\$2,617.91	\$2,041.97	\$2,061.97	\$575.94	\$555.94	\$46.92	\$36.60	\$206.30	\$10.32	\$58.19	1.8%
2012-2015 FAM<65 POS W/MADV SP	\$3,410.76	\$2,660.39	\$2,510.69	\$750.37	\$682.50	\$3,470.28	\$2,706.82	\$2,726.82	\$763.46	\$743.46	\$59.52	\$46.43	\$216.13	\$13.09	\$60.96	1.7%
2012-2015 2<65 POS W/EADV SP	\$2,607.61	\$2,005.37	\$1,855.67	\$602.24	\$497.75	\$2,656.49	\$2,041.97	\$2,061.97	\$614.52	\$594.52	\$48.88	\$36.60	\$206.30	\$12.28	\$96.77	
2012-2015 POS RET W/EADV	\$1,529.21	\$1,164.22	\$1,014.51	\$364.99	\$260.50	\$1,561.92	\$1,188.20	\$1,208.20	\$373.71	\$353.71	\$32.71	\$23.98	\$193.69	\$8.72	\$93.21	
2012-2015 POS RET W/HMO MED SP	\$2,099.64	\$1,637.72	\$1,014.51	\$461.92	\$260.50	\$2,098.97	\$1,637.20	\$1,657.20	\$461.77	\$441.77	-\$0.67	-\$0.52	\$642.69	-\$0.15	\$181.27	0.0%
BCBS HMO																
Employee	\$1,119.26	\$873.02	\$893.02	\$246.24	\$226.24	\$1,136.05	\$886.12	\$906.12	\$249.93	\$229.93	\$16.79	\$13.10	\$13.10	\$3.69	\$3.69	
Employee + 1	\$2,065.83	\$1,611.35	\$1,631.35	\$454.48	\$434.48	\$2,096.82	\$1,635.52	\$1,655.52	\$461.30	\$441.30	\$30.99	\$24.17	\$24.17	\$6.82		
Family	\$2,803.11	\$2,186.43	\$2,206.43	\$616.68	\$596.68	\$2,845.16	\$2,219.22	\$2,239.22	\$625.93	\$605.93	\$42.04	\$32.79	\$32.79	\$9.25	\$9.25	1.5%
								_								

		DV 0004					DV 2000							Estimated % change
		PY 2021	- Monthly	Rates			PY 2022 -	- Monthly I	Rates		Mo	nthly Rate C	hange - 2022 vs. 202	1
OVER 65														
Kaiser Senior Advantage Plan														
REE-Only	\$185.02	\$144.32	\$0.00	\$40.70	\$0.00	\$175.37	\$136.79	\$0.00	\$38.58	\$0.00	-\$9.65	-\$7.53	-\$2.1	2 -5.2%
REE+1	\$370.03	\$288.62	\$0.00	\$81.41	\$0.00	\$350.74	\$273.58	\$0.00	\$77.16	\$0.00	-\$19.29	-\$15.05	-\$4.2	4 -5.2%
Family	\$555.05	\$432.94	\$0.00	\$122.11	\$0.00	\$526.11	\$410.37	\$0.00	\$115.74	\$0.00	-\$28.94	-\$22.57	-\$6.3	7 -5.2%
SR REE + 1 U65 KP HMO DEP	\$951.95	\$742.52	\$0.00	\$209.43	\$0.00	\$995.95	\$776.84	\$0.00	\$219.11	\$0.00	\$44.00	\$34.32	\$9.6	
REE U65 KP HMO + SR DEP	\$951.95	\$742.52	\$0.00	\$209.43	\$0.00	\$995.95	\$776.84	\$0.00	\$219.11	\$0.00	\$44.00	\$34.32	\$9.6	8 4.6%
Aetna Medicare Advantage - Base														
REE-Only	\$217.57	\$169.70	\$0.00	\$47.87	\$0.00	\$229.19	\$178.77	\$0.00	\$50.42	\$0.00	\$11.62	\$9.06	\$2.5	6 5.3%
REE+1	\$435.14	\$339.41	\$0.00	\$95.73	\$0.00	\$458.38	\$357.54	\$0.00	\$100.84	\$0.00	\$23.24	\$18.13	\$5.1	1 5.3%
Family	\$652.71	\$509.11	\$0.00	\$143.60	\$0.00	\$687.57	\$536.30	\$0.00	\$151.27	\$0.00	\$34.86	\$27.19	\$7.6	7 5.3%
MA REE+SP+1 U65 HMO Dep	\$1,554.40	\$1,212.43	\$0.00	\$341.97	\$0.00	\$1,594.43	\$1,243.65	\$0.00	\$350.77	\$0.00	\$40.03	\$31.22	\$8.8	1 2.6%
MA REE+SP+2 U65 HMO Deps	\$2,500.97	\$1,950.76	\$0.00	\$550.21	\$0.00	\$2,555.20	\$1,993.05	\$0.00	\$562.14	\$0.00	\$54.23	\$42.30	\$11.9	3 2.2%
MA REE+1 U65 HMO Dep	\$1,336.83	\$1,042.73	\$0.00	\$294.10	\$0.00	\$1,365.24	\$1,064.89	\$0.00	\$300.35	\$0.00	\$28.41	\$22.16	\$6.2	5 2.1%
MA REE+2 U65 HMO Deps	\$2,283.40	\$1,781.05	\$0.00	\$502.35	\$0.00	\$2,326.01	\$1,814.29	\$0.00	\$511.72	\$0.00	\$42.61	\$33.23	\$9.3	7 1.9%
MA SP+U65 HMO REE	\$1,336.83	\$1,042.73	\$0.00	\$294.10	\$0.00	\$1,365.24	\$1,064.89	\$0.00	\$300.35	\$0.00	\$28.41	\$22.16	\$6.2	5 2.1%
MA SP+U65 HMO REE+1 U65 HMO Dep	\$2,283.40	\$1,781.05	\$0.00	\$502.35	\$0.00	\$2,326.01	\$1,814.29	\$0.00	\$511.72	\$0.00	\$42.61	\$33.23	\$9.3	7 1.9%
MA SP+O65 Ind REE	\$848.31	\$630.15	\$0.00	\$218.17	\$0.00	\$844.79	\$628.16	\$0.00	\$216.63	\$0.00	-\$3.52	-\$1.99	-\$1.5	3 -0.4%
MA REE+1 O65 Ind Dep	\$848.31	\$630.15	\$0.00	\$218.17	\$0.00	\$844.79	\$628.16	\$0.00	\$216.63	\$0.00	-\$3.52	-\$1.99	-\$1.5	3 -0.4%
MA REE+2 O65 Ind Deps	\$1,833.48	\$1,349.32	\$0.00	\$484.16	\$0.00	\$1,806.32	\$1,330.07	\$0.00	\$476.25	\$0.00	-\$27.16	-\$19.25	-\$7.9	2 -1.5%
MA REE+SP+1 O65 Ind Dep	\$1,065.88	\$799.85	\$0.00	\$266.03	\$0.00	\$1,073.98	\$806.93	\$0.00	\$267.06	\$0.00	\$8.10	\$7.07	\$1.0	2 0.8%
Enhanced Aetna Medicare Advantage - Buy-u	р													
REE-Only	\$254.19	\$169.70	\$0.00	\$84.49	\$0.00	\$267.77	\$178.77	\$0.00	\$89.00	\$0.00	\$13.58	\$9.06	\$4.5	2 5.3%
REE+1	\$508.38	\$339.41	\$0.00	\$168.97	\$0.00	\$535.54	\$357.54	\$0.00	\$178.00	\$0.00	\$27.16	\$18.13	\$9.0	3 5.3%
Family	\$762.57	\$509.11	\$0.00	\$253.46	\$0.00	\$803.31	\$536.30	\$0.00	\$267.01	\$0.00	\$40.74	\$27.19	\$13.5	5 5.3%
MA REE+SP+1 U65 HMO Dep	\$1,627.64	\$1,212.43	\$0.00	\$415.21	\$0.00	\$1,671.59	\$1,243.65	\$0.00	\$427.93	\$0.00	\$43.95	\$31.22	\$12.7	3 2.7%
MA REE+SP+2 U65 HMO Deps	\$2,574.21	\$1,950.76	\$0.00	\$623.45	\$0.00	\$2,632.36	\$1,993.05	\$0.00	\$639.30	\$0.00	\$58.15	\$42.30	\$15.8	5 2.3%
MA REE+1 U65 HMO Dep	\$1,373.45	\$1,042.73	\$0.00	\$330.72	\$0.00	\$1,403.82	\$1,064.89	\$0.00	\$338.93	\$0.00	\$30.37	\$22.16	\$8.2	1 2.2%
MA REE+2 U65 HMO Deps	\$2,320.02	\$1,781.05	\$0.00	\$538.97	\$0.00	\$2,364.59	\$1,814.29	\$0.00	\$550.30	\$0.00	\$44.57	\$33.23	\$11.3	3 1.9%
MA SP+U65 HMO REE	\$1,373.45	\$1,042.73	\$0.00	\$330.72	\$0.00	\$1,403.82	\$1,064.89	\$0.00	\$338.93	\$0.00	\$30.37	\$22.16	\$8.2	1 2.2%
MA SP+U65 HMO REE+1 U65 HMO Dep	\$2,320.02	\$1,781.05	\$0.00	\$538.97	\$0.00	\$2,364.59	\$1,814.29	\$0.00	\$550.30	\$0.00	\$44.57	\$33.23	\$11.3	3 1.9%
MA SP+O65 Ind REE	\$884.93	\$630.15	\$0.00	\$254.79	\$0.00	\$883.37	\$628.16	\$0.00	\$255.21	\$0.00	-\$1.56	-\$1.99	\$0.4	3 -0.2%
MA REE+1 O65 Ind Dep	\$884.93	\$630.15	\$0.00	\$254.79	\$0.00	\$883.37	\$628.16	\$0.00	\$255.21	\$0.00	-\$1.56	-\$1.99	\$0.4	3 -0.2%
MA REE+2 O65 Ind Deps	\$1,870.10	\$1,349.32	\$0.00	\$520.78	\$0.00	\$1,844.90	\$1,330.07	\$0.00	\$514.83	\$0.00	-\$25.20	-\$19.25	-\$5.9	6 -1.3%
MA REE+SP+1 O65 Ind Dep	\$1,139.12	\$799.85	\$0.00	\$339.27	\$0.00	\$1,151.14	\$806.93	\$0.00	\$344.22	\$0.00	\$12.02	\$7.07	\$4.9	4 1.1%
BCBS HMO/Medicare														
Employee	\$824.62	\$643.21	\$0.00	\$181.42	\$0.00	\$804.83	\$627.77	\$0.00	\$177.06	\$0.00	-\$19.80	-\$15.44	-\$4.3	6 -2.4%
Family	\$1,557.69	\$1,215.00	\$0.00	\$342.69	\$0.00	\$1,520.31	\$1,185.84	\$0.00	\$334.47	\$0.00	-\$37.39	-\$29.16	-\$8.2	2 -2.4%
BCBS Indemnity/Medicare														
Employee	\$630.74	\$460.44	\$0.00	\$170.30	\$0.00	\$615.60	\$449.39	\$0.00	\$166.21	\$0.00	-\$15.14	-\$11.05	-\$4.0	9 -2.4%
Family	\$1,615.91	\$1,179.62	\$0.00	\$436.30	\$0.00	\$1,577.13	\$1,151.30	\$0.00	\$425.82	\$0.00	-\$38.78	-\$28.31	-\$10.4	

2022 Medical & Rx Rates 2022 VS 2021 Monthly Rate Comparison

		PY 2021	- Monthly	Rates			PY 2022	: - Monthly	Rates		Мо	nthly Rate (Change - 20)22 vs. 2021		Estimated % change
2016 AND AFTER RETIREES	Total Premium	County		Employee C		Total Premium	County	Cost	Employee Co	ontribution	Total Premium	County	Cost	Employee Co	ontribution	
UNDER 65		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness	
BCBS HSA																
Employee	\$998.99	\$799.20	\$819.20	\$199.80	\$179.80	\$1,013.98	\$811.19	\$831.19	\$202.80	\$182.80	\$14.99	\$11.99	\$11.99	\$3.00	\$3.00	1.5%
Employee + 1	\$1,909.70	\$1,527.76	\$1,547.76	\$381.94	\$361.94	\$1,938.35	\$1,550.68	\$1,570.68	\$387.67	\$367.67	\$28.64	\$22.91	\$22.91	\$5.73	\$5.73	1.5%
Family	\$2,547.96	\$2,038.37	\$2,058.37	\$509.59	\$489.59	\$2,586.18	\$2,068.94	\$2,088.94	\$517.24	\$497.24	\$38.22	\$30.58	\$30.58	\$7.64	\$7.64	1.5%
Kaiser HMO																
Employee	\$766.93	\$613.54	\$633.54	\$153.39	\$133.39	\$820.58	\$656.46	\$676.46	\$164.12	\$144.12	\$53.65	\$42.92	\$42.92	\$10.73	\$10.73	7.0%
Employee + 1	\$1,466.06	\$1,172.85	\$1,192.85	\$293.21	\$273.21	\$1,568.63	\$1,254.90	\$1,274.90	\$313.73	\$293.73	\$102.57	\$82.06	\$82.06	\$20.51	\$20.51	7.0%
Family	\$1,957.81	\$1,566.25	\$1,586.25	\$391.56	\$371.56	\$2,094.78	\$1,675.82	\$1,695.82	\$418.96	\$398.96	\$136.97	\$109.58	\$109.58	\$27.39	\$27.39	7.0%
Kaiser Retiree W/EADV SP + HMO Dep	\$1,845.74	\$1,447.30	\$1,467.30	\$398.44	\$378.44	\$1,893.18	\$1,483.68	\$1,503.68	\$409.50	\$389.50	\$47.43	\$36.38	\$36.38	\$11.05	\$11.05	2.6%
BCBS POS																
Employee	\$1,275.02	\$956.26	\$976.26	\$318.75	\$298.75	\$1,294.15	\$970.61	\$990.61	\$323.54	\$303.54	\$19.13	\$14.35	\$14.35	\$4.78	\$4.78	1.5%
Employee + 1	\$2,353.42	\$1,765.06	\$1,785.06	\$588.35	\$568.35	\$2,388.72	\$1,791.54	\$1,811.54	\$597.18	\$577.18	\$35.30	\$26.48	\$26.48	\$8.83	\$8.83	
Family	\$3,193.19	\$2,394.89	\$2,414.89	\$798.30	\$778.30	\$3,241.09	\$2,430.82	\$2,450.82	\$810.27	\$790.27	\$47.90	\$35.93	\$35.93	\$11.98	\$11.98	1.5%
BCBS HMO																
Employee	\$1,119.26	\$839.44	\$859.44	\$279.81	\$259.81	\$1,136.05	\$908.84	\$928.84	\$227.21	\$207.21	\$16.79	\$69.40	\$69.40	-\$52.60	-\$52.60	1.5%
Employee + 1	\$2,065.83	\$1,549.37	\$1,569.37	\$516.46	\$496.46	\$2,096.82	\$1,677.45	\$1,697.45	\$419.36	\$399.36	\$30.99	\$128.08	\$128.08	-\$97.09	-\$97.09	
Family	\$2,803.11	\$2,102.33	\$2,122.33	\$700.78	\$680.78	\$2,845.16	\$2,276.13	\$2,296.13	\$569.03	\$549.03	\$42.04	\$173.79	\$173.79	-\$131.75	-\$131.75	1.5%

		PY 2021 - Monthly Rates					PY 2022 -	Monthly F	Rates		Mo	Estimated % change		
2016 AND AFTER RETIREES	Total Premium	County Cost		Employee Contribution		Total Premium	County Cost		Employee Contribution		Total Premium	County Cost	t Employee Contribution	
OVER 65														
Kaiser Senior Advantage Plan														
REE-Only	\$185.02	\$148.02	\$0.00	\$37.00	\$0.00	\$175.37	\$140.30	\$0.00	\$35.07	\$0.00	-\$9.65	-\$7.72	-\$1.93	-5.2%
REE+1	\$370.03	\$296.02	\$0.00	\$74.01	\$0.00	\$350.74	\$280.59	\$0.00	\$70.15	\$0.00	-\$19.29	-\$15.43	-\$3.86	-5.2%
SR REE + 1 U65 KP HMO DEP	\$555.05	\$444.04	\$0.00	\$111.01	\$0.00	\$526.11	\$420.89	\$0.00	\$105.22	\$0.00	-\$28.94	-\$23.15	-\$5.79	-5.2%
SR REE + 1 U65 KP HMO DEP	\$951.95	\$761.56	\$0.00	\$190.39	\$0.00	\$995.95	\$796.76	\$0.00	\$199.19	\$0.00	\$44.00	\$35.20	\$8.80	4.6%
REE U65 KP HMO + SR DEP	\$951.95	\$761.56	\$0.00	\$190.39	\$0.00	\$995.95	\$796.76	\$0.00	\$199.19	\$0.00	\$44.00	\$35.20	\$8.80	4.6%
Aetna Medicare Advantage - Base														
REE-Only	\$217.57	\$174.06	\$0.00	\$43.51	\$0.00	\$229.19	\$183.35	\$0.00	\$45.84	\$0.00	\$11.62	\$9.30	\$2.32	5.3%
REE+1	\$435.14	\$348.11	\$0.00	\$87.03	\$0.00	\$458.38	\$366.70	\$0.00	\$91.68	\$0.00	\$23.24	\$18.59	\$4.65	5.3%
Family	\$652.71	\$522.17	\$0.00	\$130.54	\$0.00	\$687.57	\$550.06	\$0.00	\$137.51	\$0.00	\$34.86	\$27.89	\$6.97	5.3%
MA REE+SP+1 U65 HMO Dep	\$1,554.40	\$1,187.56	\$0.00	\$366.84	\$0.00	\$1,594.43	\$1,275.54	\$0.00	\$318.89	\$0.00	\$40.03	\$87.99	-\$47.96	2.6%
MA REE+SP+2 U65 HMO Deps	\$2,500.97	\$1,897.48	\$0.00	\$603.49	\$0.00	\$2,555.20	\$2,044.16	\$0.00	\$511.04	\$0.00	\$54.23	\$146.67	-\$92.45	2.2%
MA REE+1 U65 HMO Dep	\$1,336.83	\$1,013.50	\$0.00	\$323.33	\$0.00	\$1,365.24	\$1,092.19	\$0.00	\$273.05	\$0.00	\$28.41	\$78.69	-\$50.28	2.1%
MA REE+2 U65 HMO Deps	\$2,283.40	\$1,723.43	\$0.00	\$559.97	\$0.00	\$2,326.01	\$1,860.81	\$0.00	\$465.20	\$0.00	\$42.61	\$137.38	-\$94.77	1.9%
MA SP+U65 HMO REE	\$1,336.83	\$1,013.50	\$0.00	\$323.33	\$0.00	\$1,365.24	\$1,092.19	\$0.00	\$273.05	\$0.00	\$28.41	\$78.69	-\$50.28	2.1%
MA SP+U65 HMO REE+1 U65 HMO Dep	\$2,283.40	\$1,723.43	\$0.00	\$559.97	\$0.00	\$2,326.01	\$1,860.81	\$0.00	\$465.20	\$0.00	\$42.61	\$137.38	-\$94.77	1.9%
MA SP+O65 Ind REE	\$848.31	\$647.11	\$0.00	\$201.20	\$0.00	\$844.79	\$645.05	\$0.00	\$199.74	\$0.00	-\$3.52	-\$2.06	-\$1.46	-0.4%
MA REE+1 O65 Ind Dep	\$848.31	\$647.11	\$0.00	\$201.20	\$0.00	\$844.79	\$645.05	\$0.00	\$199.74	\$0.00	-\$3.52	-\$2.06	-\$1.46	-0.4%
MA REE+2 O65 Ind Deps	\$1,833.48	\$1,385.99	\$0.00	\$447.49	\$0.00	\$1,806.32	\$1,366.20	\$0.00	\$440.12	\$0.00	-\$27.16	-\$19.79	-\$7.37	-1.5%
MA REE+SP+1 O65 Ind Dep	\$1,065.88	\$821.17	\$0.00	\$244.71	\$0.00	\$1,073.98	\$828.41	\$0.00	\$245.58	\$0.00	\$8.10	\$7.24	\$0.86	0.8%
Enhanced Aetna Medicare Advantage - Buy-	\$254.19	\$174.06	\$0.00	\$80.13	\$0.00	\$267.77	\$183.35	\$0.00	\$84.42	#0.00	\$13.58	\$9.30	\$4.28	5.3%
REE+1	\$254.19 \$508.38	\$174.06	\$0.00	\$80.13 \$160.27	\$0.00	\$267.77 \$535.54	\$366.70	\$0.00	\$168.84	\$0.00 \$0.00	\$13.58 \$27.16	\$9.30 \$18.59	\$4.28 \$8.57	5.3%
Family	\$508.38 \$762.57	\$522.17	\$0.00	\$160.27	\$0.00	\$535.54 \$803.31	\$550.06	\$0.00	\$168.84	\$0.00 \$0.00	\$27.16 \$40.74	\$18.59	\$8.57 \$12.85	5.3%
MA REE+SP+1 U65 HMO Dep	\$1.627.64	\$1.187.56	\$0.00	\$440.08	\$0.00	\$1,671.59	\$1.275.54	\$0.00	\$396.05	\$0.00	\$40.74 \$43.95	\$87.99	-\$44.04	2.7%
MA REE+SP+2 U65 HMO Deps	\$2.574.21	\$1,897.48	\$0.00	\$676.73	\$0.00	\$2.632.36	\$2.044.16	\$0.00	\$588.20	\$0.00	\$58.15	\$146.67	-\$88.53	2.7 %
MA REE+3P+2 065 HMO Deps	\$1,373.45	\$1,097.46	\$0.00	\$359.95	\$0.00	\$2,632.36	\$1,092.19	\$0.00	\$311.63	\$0.00	\$30.37	\$78.69	-\$66.55	2.3%
MA REE+1 005 HMO Deps	\$2,320.02	\$1,723.43	\$0.00	\$596.59	\$0.00	\$2.364.59	\$1,860.81	\$0.00	\$503.78	\$0.00	\$30.37 \$44.57	\$137.38	-\$92.81	1.9%
MA SP+U65 HMO REE	\$2,320.02 \$1.373.45	\$1,723.43	\$0.00	\$359.59	\$0.00	\$2,364.59	\$1,000.01	\$0.00	\$311.63	\$0.00	\$30.37	\$78.69	-\$92.61	2.2%
MA SP+U65 HMO REE+1 U65 HMO Dep	\$2,320.02	\$1,723.43	\$0.00	\$596.59	\$0.00	\$2,364,59	\$1.860.81	\$0.00	\$503.78	\$0.00	\$44.57	\$137.38	-\$92.81	1.9%
MA SP+O65 Ind REE	\$884.93	\$647.11	\$0.00	\$237.82	\$0.00	\$883.37	\$645.05	\$0.00	\$238.32	\$0.00	-\$1.56	-\$2.06	\$0.50	-0.2%
MA REE+1 O65 Ind Dep	\$884.93	\$647.11	\$0.00	\$237.82	\$0.00	\$883.37	\$645.05	\$0.00	\$238.32	\$0.00	-\$1.56	-\$2.06	\$0.50	-0.2%
MA REE+2 O65 Ind Deps	\$1.870.10	\$1,385.99	\$0.00	\$484.11	\$0.00	\$1.844.90	\$1,366.20	\$0.00	\$478.70	\$0.00	-\$25.20	-\$19.79	-\$5.41	-1.3%
MA REE+SP+1 O65 Ind Dep	\$1,139.12	\$821.17	\$0.00	\$317.95	\$0.00	\$1,151.14	\$828.41	\$0.00	\$322.74	\$0.00	\$12.02	\$7.24	\$4.78	1.1%
BCBS HMO/Medicare	V 1,1001	, , , , , , , , , , , , , , , , , , ,	V	ŢŪ. III	*****	4 1,151111		Ţ.	¥	******	V	¥1.1=1	¥ ¥	,
Employee	\$824.62	\$659.70	\$0.00	\$164.92	\$0.00	\$804.83	\$643.86	\$0.00	\$160.97	\$0.00	-\$19.80	-\$15.84	-\$3.96	-2.4%
Family	\$1,557.69	\$1,246.15	\$0.00	\$311.54	\$0.00	\$1,520.31	\$1,216.24	\$0.00	\$304.06	\$0.00	-\$37.39	-\$29.91	-\$7.48	-2.4%
BCBS Indemnity/Medicare						,								
Employee	\$630.74	\$473.06	\$0.00	\$157.69	\$0.00	\$615.60	\$461.70	\$0.00	\$153.90	\$0.00	-\$15.14	-\$11.36	-\$3.79	-2.4%
Family	\$1,615.91	\$1,211.93	\$0.00	\$403.98	\$0.00	\$1,577.13	\$1,182.85	\$0.00	\$394.28	\$0.00	-\$38.78	-\$29.09	-\$9.70	-2.4%

	2022 Projected Cost & Rates									
	Projected Enrollment	To	otal Premium	County Cost		Employee Contributions		County Cost Share		
Active										
BCBS HSA	330	\$	4,259,440	\$	3,455,072	\$	804,368	81.1%		
Kaiser HMO	2,132	\$	23,942,228	\$	19,460,982	\$	4,481,246	81.3%		
BCBS POS	761	\$	12,772,113	\$	9,688,765	\$	3,083,348	75.9%		
BCBS HMO	761	\$	11,138,073	\$	9,020,139	\$	2,117,935	81.0%		
U65 Retiree										
BCBS HSA	62	\$	1,180,463	\$	961,443	\$	219,019	81.4%		
BCBS HSA Split Plan	_	\$	-	\$	_	\$	_	0.0%		
Kaiser HMO	344	\$	5,547,804	\$	4,499,900	\$	1,047,904	81.1%		
Kaiser HMO Split Plan	7	\$	68,929	\$	56,921	\$	12,007	82.6%		
BCBS POS	487	\$	12,082,729	\$	9,631,603	\$	2,451,126	79.7%		
BCBS POS Split Plan	20	\$	336,865	\$	272,273	\$	64,592	80.8%		
BCBS HMO	233	\$	5,074,313	\$	4,110,386	\$	963,927	81.0%		
BCBS HMO Split Plan	72	\$	1,166,014	\$	986,913	\$	179,101	84.69		
'	12	Ψ	1,100,014	Ψ	300,313	Ψ	175,101	54.07		
O65 Retiree (MAPD)	40	φ	46 000	¢.	44 707	¢.	4 EG4	00.40		
Kaiser Senior Advantage	18	\$	46,298	\$	41,737	\$	4,561	90.19		
Kaiser Senior Advantage Split plan	7	\$	14,731	\$	13,486	\$	1,245	91.5%		
Basic MAPD Cally Plan	677	\$	2,425,747	\$	2,209,157	\$	216,589	91.19		
Basic MAPD Split Plan	47	\$	134,764	\$	122,434	\$	12,330	90.9%		
Enhanced MAPD (Buy-up)	574	\$	2,438,849	\$	1,871,030	\$	567,819	76.79		
Enhanced MAPD Split Plan	62	\$	205,647	\$	158,715	\$	46,933	77.2%		
O65 Retiree (non-MAPD)										
BCBS Medicare HMO	460	\$	6,297,171	\$	5,494,016	\$	803,155	87.2%		
BCBS Medicare HMO Split Plan	5	\$	48,290	\$	39,735	\$	8,555	82.3%		
BCBS Medicare Indemnity	525	\$	5,770,577	\$	4,605,266	\$	1,165,311	79.8%		
BCBS Medicare Indemnity Split Plan	26	\$	238,221	\$	186,351	\$	51,870	78.29		
BCBS PPO Plus Medicare	11	\$	138,951	\$	127,456	\$	11,495	91.7%		
By Status										
Active	3,984	\$	52,111,853	\$	41,624,957	\$	10,486,896	79.9%		
Retiree - Under 65	1,225	\$	25,457,115		20,519,440	\$	4,937,676	80.6%		
Retiree - Over 65	2,412	\$	17,759,246		14,869,383	\$	2,889,863	83.7%		
By Plan			,,	_	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ť	_,,,			
BCBS HSA	392	\$	5,439,903	\$	4,416,515	\$	1,023,387	81.2%		
Kaiser HMO	2,483	\$	29,558,960		24,017,803	\$	5,541,157	81.3%		
BCBS POS	1,268	\$	25,191,707		19,592,641	\$	5,599,066	77.8%		
BCBS HMO	1,066	\$	17,378,400	_	14,117,437	\$	3,260,962	81.2%		
MAPD	1,385	\$	5,266,036		4,416,559	\$	849,477	83.9%		
O65 Retiree Non-MAPD	1,027	\$	12,493,210	_	10,452,824	\$	2,040,386	83.7%		
Total Medical	7,621	Ψ	95,328,215	Ψ	77,013,780	Ψ	18,314,435	80.8%		
	1,021		,,		11,010,100		10,011,100			
Active										
Dental PPO	2,779	\$	1,927,312	\$	1,445,484	\$	481,828	75.0%		
Dental HMO	1,314	\$	452,734	\$	339,550	\$	113,183	75.0%		
Retiree	.,014	<u> </u>	.02,.01	Ť	333,530	<u> </u>	,	, 3.07		
Dental PPO	2,692	\$	1,702,029			\$	1,702,029	0.0%		
Dental HMO	617	\$	213,127			\$	213,127	0.0%		
Domai i iiviO	317	Ψ	210,121	_		Ψ	213,121	0.07		
By Status										
Active	4,093	\$	2,380,046	\$	1,785,034	\$	595,011	75%		
Retiree	3,309	\$	1,915,156	\$		\$	1,915,156	0%		

	2022 Projected Cost & Rates								
	Projected Enrollment		Total Premium		ounty Cost	Employee Contributions		County Cost Share	
By Plan									
Dental PPO	5,471	\$	3,629,341	\$	1,445,484	\$	2,183,857	40%	
Dental HMO	1,931	\$	665,860	\$	339,550	\$	326,310	51%	
Total Dental	7,402	\$	4,295,201	\$	1,785,034	\$	2,510,167	42%	
Vision	7,253	\$	974,761		\$565,362	\$	409,400	58%	
Grand Total - Medical/Rx, Dental, and Vision		\$	100,598,178	\$	79,364,176	\$	21,234,002	79%	
Additional Funding from Vacant Positions		\$	5,282,398	\$	5,282,398	\$	-	100%	
- Available from Vacancy Funding (400 Posit	\$	5,284,513	\$	5,284,513	\$	-	100%		
- Additional to Achieve Rate change scenario	\$	(2,115)	\$	(2,115)	\$	-	100%		

Grand Total Funding

\$ 105,880,576 | \$ 84,646,574 | \$ 21,234,002

^{*} Vacancy funding is determined using the County's contribution rate for an Active employee in the Anthem BCBS HSA plan with Employee + 1 coverage.