



**Employee Bi-weekly Deductions effective 01/01/2023**

<b>Blue Cross Blue Shield</b>	<b>Preferred Blue PPO Saver \$2000 w/HSA Bi-weekly Deduction</b>	<b>Blue Care Elect 80 Bi-weekly Deduction</b>	<b>Blue Care Elect 90 Bi-weekly Deduction</b>
Employee Only	0.00	72.51	78.43
Employee & Spouse	291.26	543.83	599.76
Employee & Child(ren)	231.09	315.41	335.61
Family	589.77	814.73	840.44

<b>Kaiser California</b>	<b>KP HMO Bi-weekly Deduction</b>	<b>KP DHMO Bi-weekly Deduction</b>
Employee Only	44.93	39.18
Employee & Spouse	406.88	354.78
Employee & Child(ren)	227.95	198.76
Family	573.09	499.72

<b>Aetna Dental</b>	<b>DMO Bi-weekly Deduction</b>	<b>Comprehensive PPO Bi-weekly Deduction</b>	<b>Base PPO Bi-weekly Deduction</b>
Employee Only	0.00	10.34	8.28
Employee & Spouse	11.07	32.96	28.44
Employee & Child(ren)	13.84	38.62	33.53
Family	24.91	61.22	53.88

<b>EyeMed Vision Plan</b>	<b>Base Plan Bi-weekly Deduction</b>	<b>Enhanced Plan Bi-weekly Deduction</b>
Employee Only	2.51	4.44
Employee & Spouse	4.78	8.45
Employee & Child(ren)	5.04	8.89
Family	7.40	13.07

**Notes:** These rates are in effect from January 1, 2023, until December 31, 2023.

Benefits and providers are subject to change at any time. In the event of a discrepancy, the plan document always prevails.

The plan sponsor reserves the right to increase employer contribution for employees whose health care coverage is not affordable under the Affordable Care Act.