

YOUR MONTHLY BENEFIT COSTS

MEDICAL

August 1, 2023, through July 31, 2024

| | KAISER HMO CA EMPLOYEES | AETNA HMO CA EMPLOYEES | AETNA PPO VALUE ALL EMPLOYEES |
|----------------------|----------------------------|---------------------------|----------------------------------|
| EMPLOYEE ONLY | \$0.00 | \$0.00 | \$0.00 |
| EMPLOYEE + 1 | \$86.96 | \$180.15 | \$182.56 |
| EMPLOYEE + 2 OR MORE | \$159.15 | \$277.72 | \$280.83 |

DENTAL

| | DELTA DENTAL |
|---------------------|--------------|
| EMPLOYEE ONLY | \$0.00 |
| EMPLOYEE + SPOUSE | \$5.70 |
| EMPLOYEE + CHILDREN | \$6.73 |
| EMPLOYEE + FAMILY | \$12.46 |

VISION

| | VSP VISION |
|---------------------|------------|
| EMPLOYEE ONLY | \$0.00 |
| EMPLOYEE + SPOUSE | \$0.00 |
| EMPLOYEE + CHILDREN | \$0.00 |
| EMPLOYEE + FAMILY | \$0.00 |