Historical Benefits Costs: Aetna Medical

	2019		2020		2021		2022		2023		2024	
HDHP		Increase/										
	PPP	(Decrease)										
Employee Only	\$13.33	(\$2.60)	\$14.52	\$1.19	\$16.29	\$1.77	\$18.06	\$1.77	\$18.06	\$0.00	\$18.06	\$0.00
Employee + Spouse	\$33.61	(\$2.75)	\$36.62	\$3.01	\$41.08	\$4.46	\$45.54	\$4.46	\$45.54	\$0.00	\$45.54	\$0.00
Employee + Child(ren)	\$26.79	(\$4.98)	\$29.18	\$2.39	\$32.74	\$3.56	\$36.29	\$3.55	\$36.29	\$0.00	\$36.29	\$0.00
Family	\$46.22	(\$1.57)	\$50.35	\$4.13	\$56.49	\$6.14	\$62.62	\$6.13	\$62.62	\$0.00	\$62.62	\$0.00

	2019		2020		2021		2022		2023		2024	
\$30 Copay		Increase/										
	PPP	(Decrease)										
Employee Only	\$57.53	(\$9.38)	\$59.22	\$1.69	\$59.22	\$0.00	\$63.63	\$4.41	\$63.63	\$0.00	\$64.90	\$1.27
Employee + Spouse	\$145.08	(\$7.66)	\$149.36	\$4.28	\$149.36	\$0.00	\$160.46	\$11.10	\$160.46	\$0.00	\$163.66	\$3.20
Employee + Child(ren)	\$115.63	(\$17.83)	\$119.04	\$3.41	\$119.04	\$0.00	\$127.89	\$8.85	\$127.89	\$0.00	\$130.44	\$2.55
Employee + Family	\$199.50	(\$1.23)	\$205.39	\$5.89	\$205.39	\$0.00	\$220.65	\$15.26	\$220.65	\$0.00	\$225.08	\$4.43

NOTE: This reflects the historical costs for non-tobacco users. Costs for tobacco users are \$49 per month higher.

Historical Benefits Costs: Kaiser Medical (California Only)

	2019		2020		2021		2022		2023		2024	
Kaiser No Cal		Increase/										
	PPP	(Decrease)										
Employee Only	\$60.64	(\$10.98)	\$63.00	\$2.36	\$63.00	\$0.00	\$64.70	\$1.70	\$72.21	\$7.51	\$72.21	\$0.00
Employee + Spouse	\$127.33	(\$23.07)	\$132.30	\$4.97	\$132.30	\$0.00	\$135.86	\$3.56	\$151.63	\$15.77	\$151.63	\$0.00
Employee + Child(ren)	\$115.21	(\$20.87)	\$119.70	\$4.49	\$119.70	\$0.00	\$122.92	\$3.22	\$137.19	\$14.27	\$137.19	\$0.00
Employee + Family	\$181.90	(\$32.96)	\$189.00	\$7.10	\$189.00	\$0.00	\$194.09	\$5.09	\$216.62	\$22.53	\$216.62	\$0.00

	2019		2020		2021		2022		2023		2024	
Kaiser So Cal		Increase/										
	PPP	(Decrease)										
Employee Only	\$45.24	(\$5.90)	\$44.00	(\$1.24)	\$44.00	\$0.00	\$44.50	\$0.50	\$49.24	\$4.74	\$53.16	\$3.92
Employee + Spouse	\$95.00	(\$12.39)	\$92.40	(\$2.60)	\$92.40	\$0.00	\$93.45	\$1.05	\$103.41	\$9.96	\$111.65	\$8.24
Employee + Child(ren)	\$85.96	(\$11.20)	\$83.60	(\$2.36)	\$83.60	\$0.00	\$84.55	\$0.95	\$93.56	\$9.01	\$101.02	\$7.46
Employee + Family	\$135.72	(\$17.70)	\$132.01	(\$3.71)	\$132.01	\$0.00	\$133.50	\$1.49	\$147.73	\$14.23	\$159.50	\$11.77

Historical Benefits Costs: Dental

	2019		2020		2021		2022		2023		2024	
Basic Dental		Increase/										
	PPP	(Decrease)										
Employee Only	\$5.29	\$0.16	\$5.29	\$0.00	\$5.29	\$0.00	\$5.29	\$0.00	\$5.29	\$0.00	\$5.29	\$0.00
Employee + Spouse	\$10.48	(\$0.29)	\$10.48	\$0.00	\$10.48	\$0.00	\$10.48	\$0.00	\$10.48	\$0.00	\$10.48	\$0.00
Employee + Child(ren)	\$11.53	\$2.81	\$11.53	\$0.00	\$11.53	\$0.00	\$11.53	\$0.00	\$11.53	\$0.00	\$11.53	\$0.00
Employee + Family	\$18.04	\$0.35	\$18.04	\$0.00	\$18.04	\$0.00	\$18.04	\$0.00	\$18.04	\$0.00	\$18.04	\$0.00

	2019		2020		2021		2022		2023		2024	
Dental Buy-up		Increase/										
	PPP	(Decrease)										
Employee Only	\$6.49	(\$0.59)	\$6.49	\$0.00	\$6.49	\$0.00	\$6.49	\$0.00	\$6.84	\$0.35	\$6.84	\$0.00
Employee + Spouse	\$13.21	(\$1.70)	\$13.21	\$0.00	\$13.21	\$0.00	\$13.21	\$0.00	\$13.92	\$0.71	\$13.92	\$0.00
Employee + Child(ren)	\$14.96	\$2.83	\$14.96	\$0.00	\$14.96	\$0.00	\$14.96	\$0.00	\$15.76	\$0.80	\$15.76	\$0.00
Employee + Family	\$23.22	(\$1.30)	\$23.22	\$0.00	\$23.22	\$0.00	\$23.22	\$0.00	\$24.47	\$1.25	\$24.47	\$0.00

Historical Benefits Costs: Vision

	2019		2020		2021		2022		2023		2024	
Vision		Increase/										
	PPP	(Decrease)										
Employee Only	\$1.23	(\$1.07)	\$1.23	\$0.00	\$1.36	\$0.13	\$1.36	\$0.00	\$1.40	\$0.04	\$1.50	\$0.10
Employee + Spouse	\$2.48	(\$1.55)	\$2.48	\$0.00	\$2.72	\$0.24	\$2.72	\$0.00	\$2.81	\$0.09	\$3.00	\$0.19
Employee + Child(ren)	\$2.10	(\$1.48)	\$2.10	\$0.00	\$2.31	\$0.21	\$2.31	\$0.00	\$2.38	\$0.07	\$2.55	\$0.17
Employee + Family	\$3.46	(\$0.84)	\$3.46	\$0.00	\$3.80	\$0.34	\$3.80	\$0.00	\$3.92	\$0.12	\$4.19	\$0.27