

## Exhibit A

### ACTIVE EMPLOYEE AND DEPENDENT PREMIUMS - BIWEEKLY PLAN YEAR 2022

Effective Pay Period Beginning December 13, 2021

		Anthem Blue Cross EPO EmpiRx Anthem Mental Health VSP Vision		Anthem Blue Cross EPO - 500 EmpiRx Anthem Mental Health VSP Vision		Anthem Blue Cross EPO - 1000 EmpiRx Anthem Mental Health VSP Vision	
		Delta Dental DPPO	DeltaCare DHMO	Delta Dental DPPO	DeltaCare DHMO	Delta Dental DPPO	DeltaCare DHMO
Employee Only		\$458.22	\$447.65	\$419.22	\$408.65	\$396.73	\$386.16
Employee + Spouse		\$823.52	\$808.44	\$751.80	\$736.72	\$711.06	\$695.98
Employee + Child(ren)		\$722.57	\$712.40	\$659.66	\$649.49	\$623.99	\$613.82
Employee + Family		\$1,082.43	\$1,066.91	\$987.46	\$971.94	\$933.82	\$918.30
		Anthem Blue Cross PPO \$250 EmpiRx Anthem Mental Health VSP Vision		Anthem Blue Cross HDPPPO \$3000 Anthem RX Anthem Mental Health VSP Vision		Kaiser HMO Kaiser RX Kaiser Mental Health Kaiser Vision	
		Delta Dental DPPO	DeltaCare DHMO	Delta Dental DPPO	DeltaCare DHMO	Delta Dental DPPO	DeltaCare DHMO
Employee Only		\$580.09	\$569.52	\$333.36	\$322.79	\$458.22	\$447.65
Employee + Spouse		\$1,200.96	\$1,185.88	\$688.77	\$673.69	\$823.52	\$808.44
Employee + Child(ren)		\$1,087.89	\$1,077.72	\$617.82	\$607.65	\$722.58	\$712.41
Employee + Family		\$1,653.59	\$1,638.07	\$936.23	\$920.71	\$1,082.43	\$1,066.91

Please note: The employee rates are the biweekly premium totals and do not reflect the biweekly employee cost, which is the total premiums less the County contribution. The County contribution is negotiated with employee bargaining units separately.