

## Exhibit A

### ACTIVE EMPLOYEE AND DEPENDENT PREMIUMS - BIWEEKLY

Effective Pay Period Beginning December 14, 2020

	Kaiser HMO Kaiser RX Kaiser Mental Health Kaiser Vision Life Insurance		Anthem Blue Cross EPO EmpiRx Anthem Mental Health VSP Vision Life Insurance		Anthem Blue Cross PPO \$250 EmpiRx Anthem Mental Health VSP Vision Life Insurance							
	Delta Dental	DPPO	DeltaCare	DHMO	Delta Dental	DPPO	DeltaCare	DHMO				
Employee Only	\$440.29		\$429.72		\$440.29		\$429.72		\$581.13		\$570.56	
Employee + Spouse	\$790.56		\$775.48		\$790.56		\$775.48		\$1,202.34		\$1,187.26	
Employee + Child(ren)	\$693.21		\$683.04		\$693.21		\$683.04		\$1,089.28		\$1,079.11	
Employee + Family	\$1,037.91		\$1,022.39		\$1,037.91		\$1,022.39		\$1,655.07		\$1,639.55	

  

	Anthem Blue Cross PPO \$1000 EmpiRx Anthem Mental Health VSP Vision Life Insurance		Anthem Blue Cross HDPPO \$1500 Anthem RX Anthem Mental Health VSP Vision Life Insurance		Anthem Blue Cross HDPPO \$3000 Anthem RX Anthem Mental Health VSP Vision Life Insurance							
	Delta Dental	DPPO	DeltaCare	DHMO	Delta Dental	DPPO	DeltaCare	DHMO				
Employee Only	\$439.93		\$429.36		\$401.88		\$391.31		\$334.40		\$323.83	
Employee + Spouse	\$905.95		\$890.87		\$826.06		\$810.98		\$690.15		\$675.07	
Employee + Child(ren)	\$820.75		\$810.58		\$748.38		\$738.21		\$619.21		\$609.04	
Employee + Family	\$1,245.59		\$1,230.07		\$1,135.23		\$1,119.71		\$937.71		\$922.19	

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.