

Kiosk Group Medical Plan Costs For Age: 0-29

Blue Shield Premier PPO 35

Total Monthly Premium	Employee Contribution	Kiosk Contribution	Dependent Cost Spouse	Dependent Cost Child(ren)	Dependent Cost Family	Total Employee Cost
\$374.00	\$93.50	\$280.50	\$649.00	\$482.00	\$951.00	With Spouse \$742.50 With Child(ren) \$575.50 With Family \$1,044.50

Blue Shield Enhanced PPO 35

Total Monthly Premium	Employee Contribution	Kiosk Contribution	Dependent Cost Spouse	Dependent Cost Child(ren)	Dependent Cost Family	Total Employee Cost
\$302.00	\$30.20	\$271.80	\$525.00	\$391.00	\$770.00	With Spouse \$555.20 With Child(ren) \$421.20 With Family \$800.20

Blue Shield Simple Savings HSA 3500/7000

Total Monthly Premium	Employee Contribution	Kiosk Contribution	Dependent Cost Spouse	Dependent Cost Child(ren)	Dependent Cost Family	Total Employee Cost
\$280.00	\$0.00	\$280.00	\$486.00	\$361.00	\$713.00	With Spouse \$486.00 With Child(ren) \$361.00 With Family \$713.00