

# 2023 Employee Cost Summary

When you elect medical and/or dental & vision coverage through Pulmonx, your per pay period contributions noted below are deducted from your pay before income and social security taxes are withheld. This means that you will not have to pay federal income tax, Social Security tax or Medicare tax on the amount of your premium payments that are paid each pay period. You may wish to consult your legal and/or tax advisor regarding the actual tax savings you may realize. Domestic partner contributions are post-tax and the employer contribution for domestic partners is imputed as income, per IRS.

TOTAL PER PAY PERIOD COST - EFFECTIVE 1/1/2023	EMPLOYEE COST	EMPLOYER COST
<b>KAISER TRADITIONAL HMO \$20 COPAY (CALIFORNIA ONLY)</b>		
Employee Only	\$25.00	\$405.38
Employee + Spouse/Domestic Partner	\$140.00	\$806.83
Employee + Child(ren)	\$120.00	\$740.75
Employee + Family	\$185.00	\$1,106.12
<b>KAISER HSA-QUALIFIED HDHP HMO \$1,500 DEDUCTIBLE (CALIFORNIA ONLY)</b>		
Employee Only	\$7.50	\$344.19
Employee + Spouse/Domestic Partner	\$90.00	\$683.70
Employee + Child(ren)	\$70.00	\$633.37
Employee + Family	\$120.00	\$935.05
<b>BLUE SHIELD ACCESS+ HMO PER ADMIT 20-250 (CALIFORNIA ONLY)</b>		
Employee Only	\$52.50	\$411.24
Employee + Spouse/Domestic Partner	\$190.00	\$876.58
Employee + Child(ren)	\$152.50	\$635.84
Employee + Family	\$267.50	\$1,077.32
<b>BLUE SHIELD FULL PPO COMBINED DEDUCTIBLE 15-250 90/70</b>		
Employee Only	\$52.50	\$406.06
Employee + Spouse/Domestic Partner	\$215.00	\$839.68
Employee + Child(ren)	\$160.00	\$619.55
Employee + Family	\$280.00	\$1049.82
<b>BLUE SHIELD FULL PPO SPLIT DEDUCTIBLE 25-750 80/60</b>		
Employee Only	\$20.00	\$379.70
Employee + Spouse/Domestic Partner	\$140.00	\$779.31
Employee + Child(ren)	\$102.50	\$576.99
Employee + Family	\$197.50	\$961.63
<b>BLUE SHIELD HDHP PPO \$1,500 DEDUCTIBLE</b>		
Employee Only	\$11.25	\$354.05
Employee + Spouse/Domestic Partner	\$107.50	\$732.69
Employee + Child(ren)	\$80.00	\$541.01
Employee + Family	\$132.50	\$926.87
<b>DELTA DENTAL PPO &amp; VSP VISION PPO</b>		
Employee Only	\$5.00	\$32.27
Employee + Spouse/Domestic Partner or Child	\$10.00	\$58.67
Employee + Children	\$10.00	\$101.00
Employee + Family	\$15.00	\$96.00