## 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.

Employee + Spouse/Domestic Partner	TOTAL PER PAY PERIOD COST - EFFECTIVE 1/1/2023	<b>EMPLOYEE COST</b>	<b>EMPLOYER COST</b>
Employee + Spouse/Domestic Partner	KAISER TRADITIONAL HMO \$20 COPAY (CALIFORNIA ONLY)		
Employee + Child(ren)	Employee Only	\$25.00	\$405.38
Employee + Family         \$185.00         \$1,106.12           KAISER HSA-QUALIFIED HDHP HMO \$1,500 DEDUCTIBLE (CALIFORNIA ONLY)           Employee Only         \$7.50         \$344.19           Employee + Spouse/Domestic Partner         \$90.00         \$683.70           Employee + Child(ren)         \$70.00         \$633.37           Employee + Child(ren)         \$120.00         \$935.05           BLUE SHIELD ACCESS+ HMO PER ADMIT 20-250 (CALIFORNIA ONLY)         \$876.58           Employee Only         \$52.50         \$411.24           Employee + Spouse/Domestic Partner         \$190.00         \$876.58           Employee + Spouse/Domestic Partner         \$190.00         \$876.58           Employee + Family         \$267.50         \$1,077.32           BLUE SHIELD FULL PPO COMBINED DEDUCTIBLE 15-250 90/70         \$406.06           Employee + Spouse/Domestic Partner         \$215.00         \$839.68           Employee + Child(ren)         \$160.00         \$619.55           Employee + Family         \$280.00         \$1049.82           BLUE SHIELD FULL PPO SPLIT DEDUCTIBLE 25-750 80/60         \$379.70           Employee + Spouse/Domestic Partner         \$140.00         \$779.31           Employee + Family         \$102.50         \$576.99           Employee + Family	Employee + Spouse/Domestic Partner	\$140.00	\$806.83
Employee Only	Employee + Child(ren)	\$120.00	\$740.75
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           BLUE SHIELD ACCESS+ HMO PER ADMIT 20-250 (CALIFORNIA ONLY)         ***           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           BLUE SHIELD FULL PPO COMBINED DEDUCTIBLE 15-250 90/70         **         \$406.06           Employee + Spouse/Domestic Partner         \$215.00         \$839.68           Employee + Spouse/Domestic Partner         \$215.00         \$619.55           Employee + Family         \$280.00         \$1049.82           BLUE SHIELD FULL PPO SPLIT DEDUCTIBLE 25-750 80/60         **         \$379.70           Employee + Spouse/Domestic Partner         \$140.00         \$779.31           Employee + Family         \$102.50         \$576.99           Employee + Family         \$197.50         \$961.63           BLUE SHIELD HOHP PPO \$1,500 DEDUCTIBLE         **         \$354.05	Employee + Family	\$185.00	\$1,106.12
Employee + Spouse/Domestic Partner         \$90.00         \$683.70           Employee + Child(ren)         \$70.00         \$633.37           Employee + Family         \$120.00         \$935.05           BLUE SHIELD ACCESS+ HMO PER ADMIT 20-250 (CALIFORNIA ONLY)         Employee - Spouse/Domestic Partner         \$190.00         \$876.58           Employee + Spouse/Domestic Partner         \$190.00         \$876.58         \$635.84           Employee + Child(ren)         \$152.50         \$635.84         \$635.84           Employee + Family         \$267.50         \$1,077.32         \$1,077.32         \$10.07.32         \$10.07.32         \$10.07.32         \$10.07.32         \$10.07.32         \$10.07.32         \$10.00         \$10.00         \$10.07.32         \$10.00         \$10.07.32         \$10.00         \$10.00         \$10.07.32         \$10.07.32         \$10.00         \$10.07.32         \$10.00         \$10.07.32         \$10.07.32         \$10.00         \$10.07.32         \$10.07.32         \$10.00         \$10.07.32         \$10.07.32         \$10.00         \$10.07.32         \$10.00         \$10.07.32         \$10.07.32         \$10.00         \$10.00         \$10.00         \$10.00         \$10.00         \$10.00         \$10.00         \$10.00         \$10.00         \$10.00         \$10.00         \$10.00         \$10.00 <td>KAISER HSA-QUALIFIED HDHP HMO \$1,500 DEDUCTIBLE (CALIFO</td> <td>ORNIA ONLY)</td> <td></td>	KAISER HSA-QUALIFIED HDHP HMO \$1,500 DEDUCTIBLE (CALIFO	ORNIA ONLY)	
Employee + Child(ren)         \$70.00         \$633.37           Employee + Family         \$120.00         \$935.05           BLUE SHIELD ACCESS+ HMO PER ADMIT 20-250 (CALIFORNIA ONLY)         \$52.50         \$411.24           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           BLUE SHIELD FULL PPO COMBINED DEDUCTIBLE 15-250 90/70         Employee Only         \$52.50         \$406.06           Employee Only         \$52.50         \$406.06         \$839.68           Employee + Spouse/Domestic Partner         \$160.00         \$619.55           Employee + Family         \$280.00         \$1049.82           BLUE SHIELD FULL PPO SPLIT DEDUCTIBLE 25-750 80/60         Employee + Spouse/Domestic Partner         \$140.00         \$779.31           Employee + Spouse/Domestic Partner         \$100.00         \$779.31         Employee + Family         \$197.50         \$961.63           BLUE SHIELD HDHP PPO \$1,500 DEDUCTIBLE         Employee + Family         \$107.50         \$732.69           Employee + Spouse/Domestic Partner         \$107.50         \$732.69           Employee + Family         \$13	Employee Only	\$7.50	\$344.19
Employee + Family         \$120.00         \$935.05           BLUE SHIELD ACCESS+ HMO PER ADMIT 20-250 (CALIFORNIA ONLY)         \$52.50         \$411.24           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           BLUE SHIELD FULL PPO COMBINED DEDUCTIBLE 15-250 90/70         \$406.06           Employee + Spouse/Domestic Partner         \$215.00         \$839.68           Employee + Spouse/Domestic Partner         \$160.00         \$619.55           Employee + Family         \$280.00         \$1049.82           BLUE SHIELD FULL PPO SPLIT DEDUCTIBLE 25-750 80/60         \$379.70           Employee Only         \$20.00         \$379.70           Employee + Spouse/Domestic Partner         \$140.00         \$779.31           Employee + Family         \$102.50         \$576.99           Employee + Family         \$197.50         \$961.63           BLUE SHIELD HDHP PPO \$1,500 DEDUCTIBLE           Employee + Spouse/Domestic Partner         \$10.750         \$732.69           Employee + Child(ren)         \$80.00         \$541.01           Employee + Family         \$	Employee + Spouse/Domestic Partner	\$90.00	\$683.70
BLUE SHIELD ACCESS+ HMO PER ADMIT 20-250 (CALIFORNIA ONLY)	Employee + Child(ren)	\$70.00	\$633.37
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           BLUE SHIELD FULL PPO COMBINED DEDUCTIBLE 15-250 90/70         \$52.50         \$406.06           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           BLUE SHIELD FULL PPO SPLIT DEDUCTIBLE 25-750 80/60         \$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           BLUE SHIELD HOHP PPO \$1,500 DEDUCTIBLE         \$11.25         \$354.05           Employee + Spouse/Domestic Partner         \$107.50         \$732.69           Employee + Family         \$132.50         \$926.87           DELTA DENTAL PPO & VSP VISION PPO         \$5.00         \$32.27           Employee + Children         \$10.00         \$58.67	Employee + Family	\$120.00	\$935.05
Employee + Spouse/Domestic Partner         \$190.00         \$876.58           Employee + Child(ren)         \$152.50         \$635.84           Employee + Family         \$267.50         \$1,077.32           BLUE SHIELD FULL PPO COMBINED DEDUCTIBLE 15-250 90/70         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           BLUE SHIELD FULL PPO SPLIT DEDUCTIBLE 25-750 80/60         \$379.70           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           BLUE SHIELD HDHP PPO \$1,500 DEDUCTIBLE           Employee Only         \$11.25         \$354.05           Employee + Spouse/Domestic Partner         \$107.50         \$732.69           Employee + Family         \$80.00         \$541.01           Employee + Family         \$132.50         \$926.87           DELTA DENTAL PPO & VSP VISION PPO           Employee + Spouse/Domestic Partner or Child         \$10.00<	BLUE SHIELD ACCESS+ HMO PER ADMIT 20-250 (CALIFORNIA OF	NLY)	
Employee + Child(ren)         \$152.50         \$635.84           Employee + Family         \$267.50         \$1,077.32           BLUE SHIELD FULL PPO COMBINED DEDUCTIBLE 15-250 90/70           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           BLUE SHIELD FULL PPO SPLIT DEDUCTIBLE 25-750 80/60         \$379.70           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           BLUE SHIELD HDHP PPO \$1,500 DEDUCTIBLE         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           DELTA DENTAL PPO & VSP VISION PPO           Employee + Spouse/Domestic Partner or Child         \$10.00         \$58.67           Employee + Child(ren)         \$101.00	Employee Only	\$52.50	\$411.24
Employee + Family   \$267.50   \$1,077.32	Employee + Spouse/Domestic Partner	\$190.00	\$876.58
BLUE SHIELD FULL PPO COMBINED DEDUCTIBLE 15-250 90/70   \$52.50 \$406.06   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   Employee + Family \$280.00 \$1049.82   Employee Only \$20.00 \$379.70   Employee Only \$20.00 \$379.70   Employee + Child(ren) \$140.00 \$779.31   Employee + Child(ren) \$102.50 \$576.99   Employee + Family \$197.50 \$961.63   Employee + Family \$11.25 \$354.05   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   DELTA DENTAL PPO & VSP VISION PPO   \$5.00 \$32.27   Employee Only \$5.00 \$58.67   Employee + Spouse/Domestic Partner or Child \$10.00 \$58.67   Employee + Children \$100.00 \$101.00	Employee + Child(ren)	\$152.50	\$635.84
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           BLUE SHIELD FULL PPO SPLIT DEDUCTIBLE 25-750 80/60           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           BLUE SHIELD HDHP PPO \$1,500 DEDUCTIBLE         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           DELTA DENTAL PPO & VSP VISION PPO           Employee - Spouse/Domestic Partner or Child         \$10.00         \$58.67           Employee + Children         \$10.00         \$101.00	Employee + Family	\$267.50	\$1,077.32
Employee + Spouse/Domestic Partner         \$215.00         \$839.68           Employee + Child(ren)         \$160.00         \$619.55           Employee + Family         \$280.00         \$1049.82           BLUE SHIELD FULL PPO SPLIT DEDUCTIBLE 25-750 80/60           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           BLUE SHIELD HDHP PPO \$1,500 DEDUCTIBLE         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           DELTA DENTAL PPO & VSP VISION PPO           Employee - Spouse/Domestic Partner or Child         \$10.00         \$58.67           Employee + Children         \$10.00         \$101.00	BLUE SHIELD FULL PPO COMBINED DEDUCTIBLE 15-250 90/70		
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Section	Employee + Spouse/Domestic Partner	\$215.00	\$839.68
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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           BLUE SHIELD HDHP PPO \$1,500 DEDUCTIBLE           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           DELTA DENTAL PPO & VSP VISION PPO           Employee Only         \$5.00         \$32.27           Employee + Spouse/Domestic Partner or Child         \$10.00         \$58.67           Employee + Children         \$10.00         \$101.00	Employee + Family	\$280.00	\$1049.82
Employee + Spouse/Domestic Partner         \$140.00         \$779.31           Employee + Child(ren)         \$102.50         \$576.99           Employee + Family         \$197.50         \$961.63           BLUE SHIELD HDHP PPO \$1,500 DEDUCTIBLE         \$11.25         \$354.05           Employee Only         \$107.50         \$732.69           Employee + Spouse/Domestic Partner         \$80.00         \$541.01           Employee + Family         \$132.50         \$926.87           DELTA DENTAL PPO & VSP VISION PPO           Employee Only         \$5.00         \$32.27           Employee + Spouse/Domestic Partner or Child         \$10.00         \$58.67           Employee + Children         \$10.00         \$101.00	BLUE SHIELD FULL PPO SPLIT DEDUCTIBLE 25-750 80/60		
Employee + Child(ren)         \$102.50         \$576.99           Employee + Family         \$197.50         \$961.63           BLUE SHIELD HDHP PPO \$1,500 DEDUCTIBLE         \$11.25         \$354.05           Employee Only         \$107.50         \$732.69           Employee + Child(ren)         \$80.00         \$541.01           Employee + Family         \$132.50         \$926.87           DELTA DENTAL PPO & VSP VISION PPO         \$5.00         \$32.27           Employee + Spouse/Domestic Partner or Child         \$10.00         \$58.67           Employee + Children         \$10.00         \$101.00	Employee Only	\$20.00	\$379.70
Employee + Family         \$197.50         \$961.63           BLUE SHIELD HDHP PPO \$1,500 DEDUCTIBLE           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           DELTA DENTAL PPO & VSP VISION PPO           Employee Only         \$5.00         \$32.27           Employee + Spouse/Domestic Partner or Child         \$10.00         \$58.67           Employee + Children         \$10.00         \$101.00	Employee + Spouse/Domestic Partner	\$140.00	\$779.31
BLUE SHIELD HDHP PPO \$1,500 DEDUCTIBLE           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           DELTA DENTAL PPO & VSP VISION PPO           Employee Only         \$5.00         \$32.27           Employee + Spouse/Domestic Partner or Child         \$10.00         \$58.67           Employee + Children         \$10.00         \$101.00	Employee + Child(ren)	\$102.50	\$576.99
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           DELTA DENTAL PPO & VSP VISION PPO           Employee Only         \$5.00         \$32.27           Employee + Spouse/Domestic Partner or Child         \$10.00         \$58.67           Employee + Children         \$10.00         \$101.00	Employee + Family	\$197.50	\$961.63
Employee + Spouse/Domestic Partner         \$107.50         \$732.69           Employee + Child(ren)         \$80.00         \$541.01           Employee + Family         \$132.50         \$926.87           DELTA DENTAL PPO & VSP VISION PPO           Employee Only         \$5.00         \$32.27           Employee + Spouse/Domestic Partner or Child         \$10.00         \$58.67           Employee + Children         \$10.00         \$101.00	BLUE SHIELD HDHP PPO \$1,500 DEDUCTIBLE		
Employee + Child(ren)         \$80.00         \$541.01           Employee + Family         \$132.50         \$926.87           DELTA DENTAL PPO & VSP VISION PPO           Employee Only         \$5.00         \$32.27           Employee + Spouse/Domestic Partner or Child         \$10.00         \$58.67           Employee + Children         \$10.00         \$101.00	Employee Only	\$11.25	\$354.05
Employee + Family         \$132.50         \$926.87           DELTA DENTAL PPO & VSP VISION PPO           Employee Only         \$5.00         \$32.27           Employee + Spouse/Domestic Partner or Child         \$10.00         \$58.67           Employee + Children         \$10.00         \$101.00	Employee + Spouse/Domestic Partner	\$107.50	\$732.69
DELTA DENTAL PPO & VSP VISION PPO           Employee Only         \$5.00         \$32.27           Employee + Spouse/Domestic Partner or Child         \$10.00         \$58.67           Employee + Children         \$10.00         \$101.00	Employee + Child(ren)	\$80.00	\$541.01
Employee Only         \$5.00         \$32.27           Employee + Spouse/Domestic Partner or Child         \$10.00         \$58.67           Employee + Children         \$10.00         \$101.00	Employee + Family	\$132.50	\$926.87
Employee + Spouse/Domestic Partner or Child\$10.00\$58.67Employee + Children\$10.00\$101.00	DELTA DENTAL PPO & VSP VISION PPO		
Employee + Children         \$10.00         \$101.00	Employee Only	\$5.00	\$32.27
Employee + Children         \$10.00         \$101.00	Employee + Spouse/Domestic Partner or Child	\$10.00	\$58.67
<b>Employee + Family</b> \$15.00 \$96.00	Employee + Children	\$10.00	\$101.00
	Employee + Family	\$15.00	\$96.00