## 2023 HEALTH PLAN RATES

Amazon shares the cost of health benefits with you. Your cost depends on your work status, the plan you choose, and the dependents you cover. These rates are effective through December 31, 2023.

|  | Monthly Paycheck Deductions |  |  |  |  |  |  |  | Weekly Paycheck Deductions |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 30-40 Hours/Week |  |  |  | Part-Time 20-29 Hours/Week |  |  |  | 30-40 Hours/Week |  |  |  | Part-Time 20-29 Hours/Week |  |  |  |
|  | You Only | You + <br> Spouse/ <br> Domestic <br> Partner | You + Children | You + Family | You Only | You + <br> Spouse/ <br> Domestic <br> Partner | You + Children | You + Family | You Only | You + <br> Spouse/ <br> Domestic <br> Partner | You + Children | You + <br> Family | You Only | You + <br> Spouse/ <br> Domestic <br> Partner | You + Children | You + <br> Family |
| MEDICAL PLANS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cigna In-Network Only Basic Plan | \$33.00 | \$225.00 | \$184.00 | \$374.00 | \$49.50 | \$337.50 | \$276.00 | \$561.00 | \$7.62 | \$51.92 | \$42.46 | \$86.31 | \$11.42 | \$77.88 | \$63.69 | \$129.46 |
| Shared Deductible Plan | \$45.00 | \$261.00 | \$215.00 | \$429.00 | \$67.50 | \$391.50 | \$322.50 | \$643.50 | \$10.38 | \$60.23 | \$49.62 | \$99.00 | \$15.58 | \$90.35 | \$74.42 | \$148.50 |
| Standard Plan | \$98.00 | \$350.00 | \$273.00 | \$515.00 | \$147.00 | \$525.00 | \$409.50 | \$772.50 | \$22.62 | \$80.77 | \$63.00 | \$118.85 | \$33.92 | \$121.15 | \$94.50 | \$178.27 |
| Health Savings Plan | \$40.00 | \$251.00 | \$206.00 | \$415.00 | \$60.00 | \$376.50 | \$309.00 | \$622.50 | \$9.23 | \$57.92 | \$47.54 | \$95.77 | \$13.85 | \$86.88 | \$71.31 | \$143.65 |
| In-Network Only Plan | \$116.00 | \$443.00 | \$347.00 | \$645.00 | \$174.00 | \$664.50 | \$520.50 | \$967.50 | \$26.77 | \$102.23 | \$80.08 | \$148.85 | \$40.15 | \$153.35 | \$120.12 | \$223.27 |
| SIMNSA Mexico Care Plan (SoCal) | \$30.00 | \$100.00 | \$125.00 | \$175.00 | \$45.00 | \$150.00 | \$187.50 | \$262.50 | \$6.92 | \$23.08 | \$28.85 | \$40.38 | \$10.38 | \$34.62 | \$43.27 | \$60.58 |
| Kaiser HMO (CA, CO, DC, MD, VA, WA) | \$119.00 | \$365.00 | \$322.00 | \$539.00 | \$178.50 | \$547.50 | \$483.00 | \$808.50 | \$27.46 | \$84.23 | \$74.31 | \$124.38 | \$41.19 | \$126.35 | \$111.46 | \$186.58 |
| Kaiser HMO Hawaii ${ }^{1}$ | \$19.00 | \$365.00 | \$322.00 | \$539.00 | \$19.00 | \$547.50 | \$483.00 | \$808.50 | \$4.38 | \$84.23 | \$74.31 | \$124.38 | \$4.38 | \$126.35 | \$111.46 | \$186.58 |
| HMSA Hawaii ${ }^{1}$ | \$19.00 | \$350.00 | \$273.00 | \$515.00 | \$19.00 | \$525.00 | \$409.50 | \$772.50 | \$4.38 | \$80.77 | \$63.00 | \$118.85 | \$4.38 | \$121.15 | \$94.50 | \$178.27 |
| DENTAL PLANS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Enhanced | \$9.00 | \$46.00 | \$46.00 | \$73.00 | \$13.50 | \$69.00 | \$69.00 | \$109.50 | \$2.08 | \$10.62 | \$10.62 | \$16.85 | \$3.12 | \$15.92 | \$15.92 | \$25.27 |
| Basic | \$3.00 | \$28.00 | \$28.00 | \$44.00 | \$4.50 | \$42.00 | \$42.00 | \$66.00 | \$0.69 | \$6.46 | \$6.46 | \$10.15 | \$1.04 | \$9.69 | \$9.69 | \$15.23 |
| VISION PLANS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Enhanced | \$16.00 | \$32.00 | \$30.00 | \$46.00 | \$17.00 | \$34.00 | \$32.00 | \$47.00 | \$3.69 | \$7.38 | \$6.92 | \$10.62 | \$3.92 | \$7.85 | \$7.38 | \$10.85 |
| Basic | \$4.00 | \$8.00 | \$8.00 | \$12.00 | \$6.00 | \$12.00 | \$10.00 | \$16.00 | \$0.92 | \$1.85 | \$1.85 | \$2.77 | \$1.38 | \$2.77 | \$2.31 | \$3.69 |

1 Hawaii employees have access to the Kaiser HMO Hawaii and HMSA Hawaii plans.
If you cover your domestic partner or their children, the IRS may consider the amount you and Amazon contribute toward the cost of their coverage as taxable income. This is known as imputed income, and it reduces your take-home pay.

