Department of Human Resources
Health Insurance Rates

BLUE SHIELD ACCESS+ HMO 2011

Effective January 1, 2011

HMO with Delta Dental Premier - Dental Plan Code 5615-0001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
3031	EMPLOYEE ONLY	$685.67	$10.24	$36.02	$731.93	$462.78	$269.15 monthly
							1st & 2nd pay date of the month $134.57
3032	EMPLOYEE + 1	$1,371.34	$10.24	$77.82	$1,459.40	$921.30	$538.10 monthly
							1st & 2nd pay date of the month $269.05
3033	EMPLOYEE + FAMILY	$1,782.74	$10.24	$115.58	$1,908.56	$1,207.41	$701.15 monthly
							1st & 2nd pay date of the month $350.57

HMO with Delta Dental Preferred Provider (PPO) - Dental Plan Code 5615-1001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PPO	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
3031	EMPLOYEE ONLY	$685.67	$10.24	$33.15	$729.06	$462.78	$266.28 monthly
							1st & 2nd pay date of the month $133.14
3032	EMPLOYEE + 1	$1,371.34	$10.24	$72.26	$1,453.84	$921.30	$532.54 monthly
							1st & 2nd pay date of the month $266.27
3033	EMPLOYEE + FAMILY	$1,782.74	$10.24	$113.49	$1,906.47	$1,207.41	$699.06 monthly
							1st & 2nd pay date of the month $349.53

*NOTE: This total represents the current County Contribution. Employee share is subject to negotiations.

PERS SELECT (Anthem Blue Cross PPO) 2011

Effective January 1, 2011

PERS Select with Delta Dental Premier - Dental Plan Code 5615-0001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
531	EMPLOYEE ONLY	$479.90	$10.24	$36.02	$526.16	$462.78	$63.38 monthly
							1st & 2nd pay date of the month $31.69
532	EMPLOYEE + 1	$959.80	$10.24	$77.82	$1,047.86	$921.30	$126.56 monthly
							1st & 2nd pay date of the month $63.28
533	EMPLOYEE + FAMILY	$1,247.74	$10.24	$115.58	$1,373.56	$1,207.41	$166.15 monthly
							1st & 2nd pay date of the month $83.07

PERS Select with Delta Dental Preferred Provider (PPO) - Dental Plan Code 5615-1001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PPO	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
531	EMPLOYEE ONLY	$479.90	$10.24	$33.15	$523.29	$462.78	$60.51 monthly
							1st & 2nd pay date of the month $30.25
532	EMPLOYEE + 1	$959.80	$10.24	$72.26	$1,042.30	$921.30	$121.00 monthly
							1st & 2nd pay date of the month $60.50
533	EMPLOYEE + FAMILY	$1,247.74	$10.24	$113.49	$1,371.47	$1,207.41	$164.06 monthly
							1st & 2nd pay date of the month $82.03

*NOTE: This total represents the current County Contribution. Employee share is subject to negotiations.

PERS CHOICE (Anthem Blue Cross PPO) 2011

Effective January 1, 2011

PERS Choice with Delta Dental Premier - Dental Plan Code 5615-0001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
3221	EMPLOYEE ONLY	$548.78	$10.24	$36.02	$595.04	$462.78	$132.26 monthly
							1st & 2nd pay date of the month $66.13
3222	EMPLOYEE + 1	$1,097.56	$10.24	$77.82	$1,185.62	$921.30	$264.32monthly
							1st & 2nd pay date of the month $132.16
3223	EMPLOYEE + FAMILY	$1,426.83	$10.24	$115.58	$1,552.65	$1,207.41	$345.24 monthly
							1st & 2nd pay date of the month $172.62

PERS Choice with Delta Dental Preferred Provider (PPO) - Dental Plan Code 5615-1001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PPO	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
3221	EMPLOYEE ONLY	$548.78	$10.24	$33.15	$592.17	$462.78	$129.39 monthly
							1st & 2nd pay date of the month $64.69
3222	EMPLOYEE + 1	$1,097.56	$10.24	$72.26	$1,180.06	$921.30	$258.76 monthly
							1st & 2nd pay date of the month $129.38
3223	EMPLOYEE + FAMILY	$1,426.83	$10.24	$113.49	$1,550.56	$1,207.41	$343.15 monthly
							1st & 2nd pay date of the month $171.57

*NOTE: This total represents the current County Contribution. Employee share is subject to negotiations.

PERS CARE (Anthem Blue Cross PPO) 2011

Effective January 1, 2011

PERS Care with Delta Dental Premier - Dental Plan Code 5615-0001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
3271	EMPLOYEE ONLY	$870.76	$10.24	$36.02	$917.02	$462.78	$454.24 monthly
							1st & 2nd pay date of the month $227.12
3272	EMPLOYEE + 1	$1,741.52	$10.24	$77.82	$1,829.58	$921.30	$908.28 monthly
							1st & 2nd pay date of the month $454.14
3273	EMPLOYEE + FAMILY	$2,263.98	$10.24	$115.58	$2,389.80	$1,207.41	$1,182.39 monthly
							1st & 2nd pay date of the month $591.19

PERS Care with Delta Dental Preferred Provider (PPO) - Dental Plan Code 5615-1001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PPO	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
3271	EMPLOYEE ONLY	$870.76	$10.24	$33.15	$914.15	$462.78	$451.37 monthly
							1st & 2nd pay date of the month $225.68
3272	EMPLOYEE + 1	$1,741.52	$10.24	$72.26	$1,824.02	$921.30	$902.72 monthly
							1st & 2nd pay date of the month $451.36
3273	EMPLOYEE + FAMILY	$2,263.98	$10.24	$113.49	$2,387.71	$1,207.41	$1,180.30 monthly
							1st & 2nd pay date of the month $590.15

*NOTE: This total represents the current County Contribution. Employee share is subject to negotiations.

PEACE OFFICERS RESEARCH ASSOCIATION (Anthem Blue Cross PPO) 2011

Effective January 1, 2011

MUST BE A MEMBER OF PORAC TO ENROLL IN THIS PLAN

PORAC with Delta Dental Premier - Dental Plan Code 5615-0001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	TOTAL PREMIUM	COUNTY PAYS	EMPLOYEE PAYS
2071	EMPLOYEE ONLY	$527.00	$10.24	$36.02	$573.26	$462.78	$110.48 monthly
							1st & 2nd pay date of the month $55.24
2072	EMPLOYEE + 1	$987.00	10.24	$77.82	$1,075.06	$921.30	$153.76 monthly
							1st & 2nd pay date of the month $76.88
2073	EMPLOYEE + FAMILY	$1,254.00	10.24	$115.58	$1,379.82	$1,207.41	$172.41 monthly
							1st & 2nd pay date of the month $86.20

PORAC with Delta Dental Preferred Provider (PPO) - Dental Plan Code 5615-1001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PPO	TOTAL PREMIUM	COUNTY PAYS	EMPLOYEE PAYS
2071	EMPLOYEE ONLY	$527.00	$10.24	$33.15	$570.39	$462.78	$107.61 monthly
							1st & 2nd pay date of the month $53.80
2072	EMPLOYEE + 1	$987.00	10.24	$72.26	$1,069.50	$921.30	$148.20 monthly
							1st & 2nd pay date of the month $74.10
2073	EMPLOYEE + FAMILY	$1,254.00	10.24	$113.49	$1,377.73	$1,207.41	$170.32 monthly
							1st & 2nd pay date of the month $85.16