

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
							<b>1st &amp; 2nd pay date of the month \$134.57</b>
3032	EMPLOYEE + 1	\$1,371.34	\$10.24	\$77.82	\$1,459.40	\$921.30	\$538.10 monthly
							<b>1st &amp; 2nd pay date of the month \$269.05</b>
3033	EMPLOYEE + FAMILY	\$1,782.74	\$10.24	\$115.58	\$1,908.56	\$1,207.41	\$701.15 monthly
							<b>1st &amp; 2nd pay date of the month \$350.57</b>

**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
							<b>1st &amp; 2nd pay date of the month \$133.14</b>
3032	EMPLOYEE + 1	\$1,371.34	\$10.24	\$72.26	\$1,453.84	\$921.30	\$532.54 monthly
							<b>1st &amp; 2nd pay date of the month \$266.27</b>
3033	EMPLOYEE + FAMILY	\$1,782.74	\$10.24	\$113.49	\$1,906.47	\$1,207.41	\$699.06 monthly
							<b>1st &amp; 2nd pay date of the month \$349.53</b>

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

Department of Human Resources  
Health Insurance Rates

**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
							<b>1st &amp; 2nd pay date of the month \$31.69</b>
532	EMPLOYEE + 1	\$959.80	\$10.24	\$77.82	\$1,047.86	\$921.30	\$126.56 monthly
							<b>1st &amp; 2nd pay date of the month \$63.28</b>
533	EMPLOYEE + FAMILY	\$1,247.74	\$10.24	\$115.58	\$1,373.56	\$1,207.41	\$166.15 monthly
							<b>1st &amp; 2nd pay date of the month \$83.07</b>

**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
							<b>1st &amp; 2nd pay date of the month \$30.25</b>
532	EMPLOYEE + 1	\$959.80	\$10.24	\$72.26	\$1,042.30	\$921.30	\$121.00 monthly
							<b>1st &amp; 2nd pay date of the month \$60.50</b>
533	EMPLOYEE + FAMILY	\$1,247.74	\$10.24	\$113.49	\$1,371.47	\$1,207.41	\$164.06 monthly
							<b>1st &amp; 2nd pay date of the month \$82.03</b>

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

Department of Human Resources  
Health Insurance Rates

**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
							<b>1st &amp; 2nd pay date of the month \$66.13</b>
3222	EMPLOYEE + 1	\$1,097.56	\$10.24	\$77.82	\$1,185.62	\$921.30	\$264.32 monthly
							<b>1st &amp; 2nd pay date of the month \$132.16</b>
3223	EMPLOYEE + FAMILY	\$1,426.83	\$10.24	\$115.58	\$1,552.65	\$1,207.41	\$345.24 monthly
							<b>1st &amp; 2nd pay date of the month \$172.62</b>

**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
							<b>1st &amp; 2nd pay date of the month \$64.69</b>
3222	EMPLOYEE + 1	\$1,097.56	\$10.24	\$72.26	\$1,180.06	\$921.30	\$258.76 monthly
							<b>1st &amp; 2nd pay date of the month \$129.38</b>
3223	EMPLOYEE + FAMILY	\$1,426.83	\$10.24	\$113.49	\$1,550.56	\$1,207.41	\$343.15 monthly
							<b>1st &amp; 2nd pay date of the month \$171.57</b>

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

Department of Human Resources  
Health Insurance Rates

**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
							<b>1st &amp; 2nd pay date of the month \$227.12</b>
3272	EMPLOYEE + 1	\$1,741.52	\$10.24	\$77.82	\$1,829.58	\$921.30	\$908.28 monthly
							<b>1st &amp; 2nd pay date of the month \$454.14</b>
3273	EMPLOYEE + FAMILY	\$2,263.98	\$10.24	\$115.58	\$2,389.80	\$1,207.41	\$1,182.39 monthly
							<b>1st &amp; 2nd pay date of the month \$591.19</b>

**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
							<b>1st &amp; 2nd pay date of the month \$225.68</b>
3272	EMPLOYEE + 1	\$1,741.52	\$10.24	\$72.26	\$1,824.02	\$921.30	\$902.72 monthly
							<b>1st &amp; 2nd pay date of the month \$451.36</b>
3273	EMPLOYEE + FAMILY	\$2,263.98	\$10.24	\$113.49	\$2,387.71	\$1,207.41	\$1,180.30 monthly
							<b>1st &amp; 2nd pay date of the month \$590.15</b>

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

Department of Human Resources  
Health Insurance Rates

**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
							<b>1st &amp; 2nd pay date of the month \$55.24</b>
2072	EMPLOYEE + 1	\$987.00	10.24	\$77.82	\$1,075.06	\$921.30	\$153.76 monthly
							<b>1st &amp; 2nd pay date of the month \$76.88</b>
2073	EMPLOYEE + FAMILY	\$1,254.00	10.24	\$115.58	\$1,379.82	\$1,207.41	\$172.41 monthly
							<b>1st &amp; 2nd pay date of the month \$86.20</b>

**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
							<b>1st &amp; 2nd pay date of the month \$53.80</b>
2072	EMPLOYEE + 1	\$987.00	10.24	\$72.26	\$1,069.50	\$921.30	\$148.20 monthly
							<b>1st &amp; 2nd pay date of the month \$74.10</b>
2073	EMPLOYEE + FAMILY	\$1,254.00	10.24	\$113.49	\$1,377.73	\$1,207.41	\$170.32 monthly
							<b>1st &amp; 2nd pay date of the month \$85.16</b>