

Department of Human Resources
Health Insurance Rates

BLUE SHIELD ACCESS+ HMO 2012

Effective January 1, 2012

DSA

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	\$704.69	\$13.87	\$36.02	\$754.58	\$517.78	\$236.80 monthly
							1st & 2nd pay date of the month \$118.40
3032	EMPLOYEE + 1	\$1,409.38	\$13.87	\$77.82	\$1,501.07	\$976.30	\$524.77 monthly
							1st & 2nd pay date of the month \$262.38
3033	EMPLOYEE + FAMILY	\$1,832.19	\$13.87	\$115.58	\$1,961.64	\$1,262.41	\$699.23 monthly
							1st & 2nd pay date of the month \$349.61

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	\$704.69	\$13.87	\$33.15	\$751.71	\$517.78	\$233.93 monthly
							1st & 2nd pay date of the month \$116.96
3032	EMPLOYEE + 1	\$1,409.38	\$13.87	\$72.26	\$1,495.51	\$976.30	\$519.21 monthly
							1st & 2nd pay date of the month \$259.60
3033	EMPLOYEE + FAMILY	\$1,832.19	\$13.87	\$113.49	\$1,959.55	\$1,262.41	\$697.14 monthly
							1st & 2nd pay date of the month \$348.57

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

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Health Insurance Rates

PERS SELECT (Anthem Blue Cross PPO) 2012

Effective January 1, 2012

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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	\$474.74	\$13.87	\$36.02	\$524.63	\$517.78	6.85 monthly
							1st & 2nd pay date of the month \$3.42
532	EMPLOYEE + 1	\$949.48	\$13.87	\$77.82	\$1,041.17	\$976.30	\$64.87 monthly
							1st & 2nd pay date of the month \$32.43
533	EMPLOYEE + FAMILY	\$1,234.32	\$13.87	\$115.58	\$1,363.77	\$1,262.41	\$101.36 monthly
							1st & 2nd pay date of the month \$50.68

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	\$474.74	\$13.87	\$33.15	\$521.76	\$517.78	\$3.98 monthly
							1st & 2nd pay date of the month \$1.99
532	EMPLOYEE + 1	\$949.48	\$13.87	\$72.26	\$1,035.61	\$976.30	\$59.31 monthly
							1st & 2nd pay date of the month \$29.65
533	EMPLOYEE + FAMILY	\$1,234.32	\$13.87	\$113.49	\$1,361.68	\$1,262.41	\$99.27 monthly
							1st & 2nd pay date of the month \$49.63

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

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PERS CHOICE (Anthem Blue Cross PPO) 2012

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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	\$559.25	\$13.87	\$36.02	\$609.14	\$517.78	\$91.36 monthly
							1st & 2nd pay date of the month \$45.68
3222	EMPLOYEE + 1	\$1,118.50	\$13.87	\$77.82	\$1,210.19	\$976.30	\$233.89 monthly
							1st & 2nd pay date of the month \$116.94
3223	EMPLOYEE + FAMILY	\$1,454.05	\$13.87	\$115.58	\$1,583.50	\$1,262.41	\$321.09 monthly
							1st & 2nd pay date of the month \$160.54

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	\$559.25	\$13.87	\$33.15	\$606.27	\$517.78	\$88.49 monthly
							1st & 2nd pay date of the month \$44.24
3222	EMPLOYEE + 1	\$1,118.50	\$13.87	\$72.26	\$1,204.63	\$976.30	\$228.33 monthly
							1st & 2nd pay date of the month \$114.16
3223	EMPLOYEE + FAMILY	\$1,454.05	\$13.87	\$113.49	\$1,581.41	\$1,262.41	\$319.00 monthly
							1st & 2nd pay date of the month \$159.50

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

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PERS CARE (Anthem Blue Cross PPO) 2012

Effective January 1, 2012

DSA

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	\$1,002.53	\$13.87	\$36.02	\$1,052.42	\$517.78	\$534.64 monthly
							1st & 2nd pay date of the month \$267.32
3272	EMPLOYEE + 1	\$2,005.06	\$13.87	\$77.82	\$2,096.75	\$976.30	\$1120.45 monthly
							1st & 2nd pay date of the month \$560.22
3273	EMPLOYEE + FAMILY	\$2,606.58	\$13.87	\$115.58	\$2,736.03	\$1,262.41	\$1473.62 monthly
							1st & 2nd pay date of the month \$736.81

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	\$1,002.53	\$13.87	\$33.15	\$1,049.55	\$517.78	\$531.77 monthly
							1st & 2nd pay date of the month \$265.88
3272	EMPLOYEE + 1	\$2,005.06	\$13.87	\$72.26	\$2,091.19	\$976.30	\$1114.89 monthly
							1st & 2nd pay date of the month \$557.44
3273	EMPLOYEE + FAMILY	\$2,606.58	\$13.87	\$113.49	\$2,733.94	\$1,262.41	\$1471.53 monthly
							1st & 2nd pay date of the month \$735.76

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PEACE OFFICERS RESEARCH ASSOCIATION (Anthem Blue Cross PPO) 2012

Effective January 1, 2012

MUST BE A MEMBER OF PORAC TO ENROLL IN THIS PLAN

DSA

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	\$556.00	\$13.87	\$36.02	\$605.89	\$517.78	\$88.11 monthly
							1st & 2nd pay date of the month \$44.05 monthly
2072	EMPLOYEE + 1	\$1,041.00	13.87	\$77.82	\$1,132.69	\$976.30	\$156.39 monthly
							1st & 2nd pay date of the month \$78.19
2073	EMPLOYEE + FAMILY	\$1,323.00	13.87	\$115.58	\$1,452.45	\$1,262.41	\$190.04 monthly
							1st & 2nd pay date of the month \$95.02

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	\$556.00	\$13.87	\$33.15	\$603.02	\$517.78	\$85.24 monthly
							1st & 2nd pay date of the month \$42.62
2072	EMPLOYEE + 1	\$1,041.00	13.87	\$72.26	\$1,127.13	\$976.30	\$150.83 monthly
							1st & 2nd pay date of the month \$75.41
2073	EMPLOYEE + FAMILY	\$1,323.00	13.87	\$113.49	\$1,450.36	\$1,262.41	\$187.95 monthly
							1st & 2nd pay date of the month \$93.97