

Department of Human Resources
Health Insurance Rates

BLUE SHIELD ACCESS+ HMO 2014

Effective January 1, 2014

Other Northern California Region

Apline, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc,
Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne

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

DSA Management

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
3031	EMPLOYEE ONLY	\$729.76	\$14.15	\$34.58	\$778.49	\$517.78	\$260.71 monthly
							1st & 2nd pay date of the month 130.35
3032	EMPLOYEE + 1	\$1,459.52	\$14.15	\$74.71	\$1,548.38	\$976.30	\$572.08 monthly
							1st & 2nd pay date of the month \$286.04
3033	EMPLOYEE + FAMILY	\$1,897.38	\$14.15	\$110.96	\$2,022.49	\$1,262.41	\$760.08 monthly
							1st & 2nd pay date of the month \$380.04

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	\$729.76	\$14.15	\$31.82	\$775.73	\$517.78	\$257.95 monthly
							1st & 2nd pay date of the month \$128.97
3032	EMPLOYEE + 1	\$1,459.52	\$14.15	\$69.37	\$1,543.04	\$976.30	\$566.74 monthly
							1st & 2nd pay date of the month \$283.37
3033	EMPLOYEE + FAMILY	\$1,897.38	\$14.15	\$108.94	\$2,020.47	\$1,262.41	\$758.06 monthly
							1st & 2nd pay date of the month \$379.03

*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) 2014

Effective January 1, 2014

Other Northern California Region

Apline, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc,
Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne

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

DSA Management

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
531	EMPLOYEE ONLY	\$613.99	\$14.15	\$34.58	\$662.72	\$517.78	\$144.94 monthly
							1st & 2nd pay date of the month \$72.47
532	EMPLOYEE + 1	\$1,227.98	\$14.15	\$74.71	\$1,316.84	\$976.30	\$340.54 monthly
							1st & 2nd pay date of the month \$170.27
533	EMPLOYEE + FAMILY	\$1,596.37	\$14.15	\$110.96	\$1,721.48	\$1,262.41	\$459.07 monthly
							1st & 2nd pay date of the month \$229.53

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	\$613.99	\$14.15	\$31.82	\$659.96	\$517.78	\$142.18 monthly
							1st & 2nd pay date of the month \$71.09
532	EMPLOYEE + 1	\$1,227.98	\$14.15	\$69.37	\$1,311.50	\$976.30	\$335.20 monthly
							1st & 2nd pay date of the month \$167.60
533	EMPLOYEE + FAMILY	\$1,596.37	\$14.15	\$108.94	\$1,719.46	\$1,262.41	\$457.05 monthly
							1st & 2nd pay date of the month \$228.52

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PERS CHOICE (Anthem Blue Cross PPO) 2014

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Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne

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

DSA Management

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
3221	EMPLOYEE ONLY	\$641.08	\$14.15	\$34.58	\$689.81	\$517.78	\$172.03 monthly
							1st & 2nd pay date of the month \$86.01
3222	EMPLOYEE + 1	\$1,282.16	\$14.15	\$74.71	\$1,371.02	\$976.30	\$394.72 monthly
							1st & 2nd pay date of the month \$197.36
3223	EMPLOYEE + FAMILY	\$1,666.81	\$14.15	\$110.96	\$1,791.92	\$1,262.41	\$529.51 monthly
							1st & 2nd pay date of the month \$264.75

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	\$641.08	\$14.15	\$31.82	\$687.05	\$517.78	\$169.27 monthly
							1st & 2nd pay date of the month \$84.63
3222	EMPLOYEE + 1	\$1,282.16	\$14.15	\$69.37	\$1,365.68	\$976.30	\$389.38 monthly
							1st & 2nd pay date of the month \$194.69
3223	EMPLOYEE + FAMILY	\$1,666.81	\$14.15	\$108.94	\$1,789.90	\$1,262.41	\$527.49 monthly
							1st & 2nd pay date of the month \$263.74

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PERS CARE (Anthem Blue Cross PPO) 2014

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Other Northern California Region

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

DSA Management

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
3271	EMPLOYEE ONLY	\$668.27	\$14.15	\$34.58	\$717.00	\$517.78	\$199.22 monthly
							1st & 2nd pay date of the month \$99.61
3272	EMPLOYEE + 1	\$1,336.54	\$14.15	\$74.71	\$1,425.40	\$976.30	\$449.10 monthly
							1st & 2nd pay date of the month \$224.55
3273	EMPLOYEE + FAMILY	\$1,737.50	\$14.15	\$110.96	\$1,862.61	\$1,262.41	\$600.20 monthly
							1st & 2nd pay date of the month \$300.10

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	\$668.27	\$14.15	\$31.82	\$714.24	\$517.78	\$196.46 monthly
							1st & 2nd pay date of the month \$98.23
3272	EMPLOYEE + 1	\$1,336.54	\$14.15	\$69.37	\$1,420.06	\$976.30	\$443.76 monthly
							1st & 2nd pay date of the month \$221.88
3273	EMPLOYEE + FAMILY	\$1,737.50	\$14.15	\$108.94	\$1,860.59	\$1,262.41	\$598.18 monthly
							1st & 2nd pay date of the month \$299.09

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PEACE OFFICERS RESEARCH ASSOCIATION (Anthem Blue Cross PPO) 2014

Effective January 1, 2014

MUST BE A MEMBER OF PORAC TO ENROLL IN THIS PLAN

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

DSA Management

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	TOTAL PREMIUM	COUNTY 517.78	EMPLOYEE PAYS
2071	EMPLOYEE ONLY	\$634.00	\$14.15	\$34.58	\$682.73	\$517.78	\$164.95 monthly
							1st & 2nd pay date of the month \$82.47
2072	EMPLOYEE + 1	\$1,186.00	14.15	\$74.71	\$1,274.86	\$976.30	\$298.56 monthly
							1st & 2nd pay date of the month \$149.28
2073	EMPLOYEE + FAMILY	\$1,507.00	14.15	\$110.96	\$1,632.11	\$1,262.41	\$369.70 monthly
							1st & 2nd pay date of the month \$184.85

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	\$634.00	\$14.15	\$31.82	\$679.97	\$517.78	\$162.19 monthly
							1st & 2nd pay date of the month \$81.09
2072	EMPLOYEE + 1	\$1,186.00	14.15	\$69.37	\$1,269.52	\$976.30	\$293.22 monthly
							1st & 2nd pay date of the month \$146.61
2073	EMPLOYEE + FAMILY	\$1,507.00	14.15	\$108.94	\$1,630.09	\$1,262.41	\$367.68 monthly
							1st & 2nd pay date of the month \$183.84