

**Department of Human Resources
Health Insurance Rates**

BLUE SHIELD ACCESS+ HMO 2009

Effective January 1, 2009

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	COUNTY PAYS *	EMPLOYEE PAYS	TOTAL PREMIUM
3031	EMPLOYEE ONLY	\$569.01	\$10.24	\$32.30	\$462.78	\$148.77	\$611.55
3032	EMPLOYEE + 1	\$1,138.02	\$10.24	\$69.80	\$921.30	\$296.76	\$1,218.06
3033	EMPLOYEE + FAMILY	\$1,479.43	\$10.24	\$102.61	\$1,207.41	\$384.87	\$1,592.28
PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PPO	COUNTY PAYS *	EMPLOYEE PAYS	TOTAL PREMIUM
3031	EMPLOYEE ONLY	\$569.01	\$10.24	\$28.30	\$462.78	\$144.77	\$607.55
3032	EMPLOYEE + 1	\$1,138.02	\$10.24	\$61.70	\$921.30	\$288.66	\$1,209.96
3033	EMPLOYEE + FAMILY	\$1,479.43	\$10.24	\$95.99	\$1,207.41	\$378.25	\$1,585.66

* Note: This total represents the current County contribution. Employee share is subject to negotiations.

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PERS CHOICE (Anthem Blue Cross PPO) 2009

Effective January 1, 2009

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	COUNTY PAYS *	EMPLOYEE PAYS	TOTAL PREMIUM
3221	EMPLOYEE ONLY	\$501.59	\$10.24	\$32.30	\$462.78	\$81.35	\$544.13
3222	EMPLOYEE + 1	\$1,003.18	\$10.24	\$69.80	\$921.30	\$161.92	\$1,083.22
3223	EMPLOYEE + FAMILY	\$1,304.13	\$10.24	\$102.61	\$1,207.41	\$209.57	\$1,416.98

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PPO	COUNTY PAYS *	EMPLOYEE PAYS	TOTAL PREMIUM
3221	EMPLOYEE ONLY	\$501.59	\$10.24	\$28.30	\$462.78	\$77.35	\$540.13
3222	EMPLOYEE + 1	\$1,003.18	\$10.24	\$61.70	\$921.30	\$153.82	\$1,075.12
3223	EMPLOYEE + FAMILY	\$1,304.13	\$10.24	\$95.99	\$1,207.41	\$202.95	\$1,410.36

PERS SELECT (Anthem Blue Cross PPO) 2009

Effective January 1, 2009

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	COUNTY PAYS *	EMPLOYEE PAYS	TOTAL PREMIUM
0531	EMPLOYEE ONLY	\$471.10	\$10.24	\$32.30	\$462.78	\$50.86	\$513.64
0532	EMPLOYEE + 1	\$942.20	\$10.24	\$69.80	\$921.30	\$100.94	\$1,022.24
0533	EMPLOYEE + FAMILY	\$1,224.86	\$10.24	\$102.61	\$1,207.41	\$130.30	\$1,337.71

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PPO	COUNTY PAYS *	EMPLOYEE PAYS	TOTAL PREMIUM
0531	EMPLOYEE ONLY	\$471.10	\$10.24	\$28.30	\$462.78	\$46.86	\$509.64
0532	EMPLOYEE + 1	\$942.20	\$10.24	\$61.70	\$921.30	\$92.84	\$1,014.14
0533	EMPLOYEE + FAMILY	\$1,224.86	\$10.24	\$95.99	\$1,207.41	\$123.68	\$1,331.09

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Department of Human Resources
Health Insurance Rates

PERSCare (Anthem Blue Cross PPO) 2009

Effective January 1, 2009

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	COUNTY PAYS *	EMPLOYEE PAYS	TOTAL PREMIUM
3271	EMPLOYEE ONLY	\$779.53	\$10.24	\$32.30	\$462.78	\$359.29	\$822.07
3272	EMPLOYEE + 1	\$1,559.06	\$10.24	\$69.80	\$921.30	\$717.80	\$1,639.10
3273	EMPLOYEE + FAMILY	\$2,026.78	\$10.24	\$102.61	\$1,207.41	\$932.22	\$2,139.63
PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PPO	COUNTY PAYS *	EMPLOYEE PAYS	TOTAL PREMIUM
3271	EMPLOYEE ONLY	\$779.53	\$10.24	\$28.30	\$462.78	\$355.29	\$818.07
3272	EMPLOYEE + 1	\$1,559.06	\$10.24	\$61.70	\$921.30	\$709.70	\$1,631.00
3273	EMPLOYEE + FAMILY	\$2,026.78	\$10.24	\$95.99	\$1,207.41	\$925.60	\$2,133.01

* Note: This total represents the current County contribution.
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PEACE OFFICERS RESEARCH ASSOCIATION (Anthem Blue Cross PPO) 2009

Effective January 1, 2009

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	COUNTY PAYS *	EMPLOYEE PAYS	TOTAL PREMIUM
2071	EMPLOYEE ONLY	\$484.00	\$10.24	\$32.30	\$462.78	\$63.76	\$526.54
2072	EMPLOYEE + 1	\$906.00	\$10.24	\$69.80	\$921.30	\$64.74	\$986.04
2073	EMPLOYEE + FAMILY	\$1,151.00	\$10.24	\$102.61	\$1,207.41	\$56.44	\$1,263.85

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PPO	COUNTY PAYS *	EMPLOYEE PAYS	TOTAL PREMIUM
2071	EMPLOYEE ONLY	\$484.00	\$10.24	\$28.30	\$462.78	\$59.76	\$522.54
2072	EMPLOYEE + 1	\$906.00	\$10.24	\$61.70	\$921.30	\$56.64	\$977.94
2073	EMPLOYEE + FAMILY	\$1,151.00	\$10.24	\$95.99	\$1,207.41	\$49.82	\$1,257.23

(Must be a member of PORAC to enroll in this plan.)

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