

Department of Human Resources
Health Insurance Rates

BLUE SHIELD ACCESS+ HMO 2010

Effective January 1, 2010

HMO with Delta Dental Premier

| PLAN CODE | NUMBER OF FAMILY MEMBERS ON PLAN | MEDICAL | VISION SERVICE PLAN | DELTA DENTAL PREMIER | TOTAL PREMIUM | COUNTY PAYS* | EMPLOYEE PAYS |
|-----------|----------------------------------|------------|---------------------|----------------------|---------------|--------------|-----------------|
| 3031 | EMPLOYEE ONLY | \$586.02 | \$10.24 | \$35.63 | \$631.89 | \$462.78 | \$169.11 |
| 3032 | EMPLOYEE + 1 | \$1,172.04 | \$10.24 | \$76.99 | \$1,259.27 | \$921.30 | \$337.97 |
| 3033 | EMPLOYEE + FAMILY | \$1,523.65 | \$10.24 | \$113.25 | \$1,647.14 | \$1,207.41 | \$439.73 |

HMO with Delta Dental Preferred Provider (PPO)

| PLAN CODE | NUMBER OF FAMILY MEMBERS ON PLAN | MEDICAL | VISION SERVICE PLAN | DELTA DENTAL PPO | TOTAL PREMIUM | COUNTY PAYS* | EMPLOYEE PAYS |
|-----------|----------------------------------|------------|---------------------|------------------|---------------|--------------|-----------------|
| 3031 | EMPLOYEE ONLY | \$586.02 | \$10.24 | \$31.22 | \$627.48 | \$462.78 | \$164.70 |
| 3032 | EMPLOYEE + 1 | \$1,172.04 | \$10.24 | \$68.06 | \$1,250.34 | \$921.30 | \$329.04 |
| 3033 | EMPLOYEE + FAMILY | \$1,523.65 | \$10.24 | \$105.88 | \$1,639.77 | \$1,207.41 | \$432.36 |

*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) 2010

Effective January 1, 2010

PERS Select with Delta Dental Premier

| PLAN CODE | NUMBER OF FAMILY MEMBERS ON PLAN | MEDICAL | VISION SERVICE PLAN | DELTA DENTAL PREMIER | TOTAL PREMIUM | COUNTY PAYS* | EMPLOYEE PAYS |
|-----------|----------------------------------|------------|---------------------|----------------------|---------------|--------------|-----------------|
| 531 | EMPLOYEE ONLY | \$459.69 | \$10.24 | \$35.63 | \$505.56 | \$462.78 | \$42.78 |
| 532 | EMPLOYEE + 1 | \$919.38 | \$10.24 | \$76.99 | \$1,006.61 | \$921.30 | \$85.31 |
| 533 | EMPLOYEE + FAMILY | \$1,195.19 | \$10.24 | \$113.25 | \$1,318.68 | \$1,207.41 | \$111.27 |

PERS Select with Delta Dental Preferred Provider (PPO)

| PLAN CODE | NUMBER OF FAMILY MEMBERS ON PLAN | MEDICAL | VISION SERVICE PLAN | DELTA DENTAL PPO | TOTAL PREMIUM | COUNTY PAYS* | EMPLOYEE PAYS |
|-----------|----------------------------------|------------|---------------------|------------------|---------------|--------------|-----------------|
| 531 | EMPLOYEE ONLY | \$459.69 | \$10.24 | \$31.22 | \$501.15 | \$462.78 | \$38.37 |
| 532 | EMPLOYEE + 1 | \$919.38 | \$10.24 | \$68.06 | \$997.68 | \$921.30 | \$76.38 |
| 533 | EMPLOYEE + FAMILY | \$1,195.19 | \$10.24 | \$105.88 | \$1,311.31 | \$1,207.41 | \$103.90 |

*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) 2010

Effective January 1, 2010

PERS Choice with Delta Dental Premier

| PLAN CODE | NUMBER OF FAMILY MEMBERS ON PLAN | MEDICAL | VISION SERVICE PLAN | DELTA DENTAL PREMIER | TOTAL PREMIUM | COUNTY PAYS* | EMPLOYEE PAYS |
|-----------|----------------------------------|------------|---------------------|----------------------|---------------|--------------|-----------------|
| 3221 | EMPLOYEE ONLY | \$492.41 | \$10.24 | \$35.63 | \$538.28 | \$462.78 | \$75.50 |
| 3222 | EMPLOYEE + 1 | \$984.82 | \$10.24 | \$76.99 | \$1,072.05 | \$921.30 | \$150.75 |
| 3223 | EMPLOYEE + FAMILY | \$1,280.27 | \$10.24 | \$113.25 | \$1,403.76 | \$1,207.41 | \$196.35 |

PERS Choice with Delta Dental Preferred Provider (PPO)

| PLAN CODE | NUMBER OF FAMILY MEMBERS ON PLAN | MEDICAL | VISION SERVICE PLAN | DELTA DENTAL PPO | TOTAL PREMIUM | COUNTY PAYS* | EMPLOYEE PAYS |
|-----------|----------------------------------|------------|---------------------|------------------|---------------|--------------|-----------------|
| 3221 | EMPLOYEE ONLY | \$492.41 | \$10.24 | \$31.22 | \$533.87 | \$462.78 | \$71.09 |
| 3222 | EMPLOYEE + 1 | \$984.82 | \$10.24 | \$68.06 | \$1,063.12 | \$921.30 | \$141.82 |
| 3223 | EMPLOYEE + FAMILY | \$1,280.27 | \$10.24 | \$105.88 | \$1,396.39 | \$1,207.41 | \$188.98 |

*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) 2010

Effective January 1, 2010

PERS Care with Delta Dental Premier

| PLAN CODE | NUMBER OF FAMILY MEMBERS ON PLAN | MEDICAL | VISION SERVICE PLAN | DELTA DENTAL PREMIER | TOTAL PREMIUM | COUNTY PAYS* | EMPLOYEE PAYS |
|-----------|----------------------------------|------------|---------------------|----------------------|---------------|--------------|-------------------|
| 3271 | EMPLOYEE ONLY | \$840.31 | \$10.24 | \$35.63 | \$886.18 | \$462.78 | \$423.40 |
| 3272 | EMPLOYEE + 1 | \$1,680.62 | \$10.24 | \$76.99 | \$1,767.85 | \$921.30 | \$846.55 |
| 3273 | EMPLOYEE + FAMILY | \$2,184.81 | \$10.24 | \$113.25 | \$2,308.30 | \$1,207.41 | \$1,100.89 |

PERS Care with Delta Dental Preferred Provider (PPO)

| PLAN CODE | NUMBER OF FAMILY MEMBERS ON PLAN | MEDICAL | VISION SERVICE PLAN | DELTA DENTAL PPO | TOTAL PREMIUM | COUNTY PAYS* | EMPLOYEE PAYS |
|-----------|----------------------------------|------------|---------------------|------------------|---------------|--------------|-------------------|
| 3271 | EMPLOYEE ONLY | \$840.31 | \$10.24 | \$31.22 | \$881.77 | \$462.78 | \$418.99 |
| 3272 | EMPLOYEE + 1 | \$1,680.62 | \$10.24 | \$68.06 | \$1,758.92 | \$921.30 | \$837.62 |
| 3273 | EMPLOYEE + FAMILY | \$2,184.81 | \$10.24 | \$105.88 | \$2,300.93 | \$1,207.41 | \$1,093.52 |

*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) 2010

Effective January 1, 2010

MUST BE A MEMBER OF PORAC TO ENROLL IN THIS PLAN

PORAC with Delta Dental Premier

| PLAN CODE | NUMBER OF FAMILY MEMBERS ON PLAN | MEDICAL | VISION SERVICE PLAN | DELTA DENTAL PREMIER | TOTAL PREMIUM | COUNTY PAYS | EMPLOYEE PAYS |
|-----------|----------------------------------|------------|---------------------|----------------------|---------------|-------------|----------------|
| 2071 | EMPLOYEE ONLY | \$484.00 | \$10.24 | \$35.63 | \$529.87 | \$462.78 | \$67.09 |
| 2072 | EMPLOYEE + 1 | \$906.00 | \$10.24 | \$76.99 | \$993.23 | \$921.30 | \$71.93 |
| 2073 | EMPLOYEE + FAMILY | \$1,151.00 | \$10.24 | \$113.25 | \$1,274.49 | \$1,207.41 | \$67.08 |

PORAC with Delta Dental Preferred Provider (PPO)

| PLAN CODE | NUMBER OF FAMILY MEMBERS ON PLAN | MEDICAL | VISION SERVICE PLAN | DELTA DENTAL PPO | TOTAL PREMIUM | COUNTY PAYS | EMPLOYEE PAYS |
|-----------|----------------------------------|------------|---------------------|------------------|---------------|-------------|----------------|
| 2071 | EMPLOYEE ONLY | \$484.00 | \$10.24 | \$31.22 | \$525.46 | \$462.78 | \$62.68 |
| 2072 | EMPLOYEE + 1 | \$906.00 | \$10.24 | \$68.06 | \$984.30 | \$921.30 | \$63.00 |
| 2073 | EMPLOYEE + FAMILY | \$1,151.00 | \$10.24 | \$105.88 | \$1,267.12 | \$1,207.41 | \$59.71 |

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