

MEDICAL PLANS
2010 PREMIUM RATES FOR BAY AREA REGION
Effective: January 1, 2010 - December 31, 2010

Plan Name	Plan Code	Plan Description	Premium Amount /Mo.	AFT, Supervisory, Administrators		AFSCME and CSEA	
				Portion Paid by District /Mo.	Out of Pocket/Mo.	Portion Paid by District /Mo.	Out of Pocket/Mo.
Blue Shield Access+ HMO	1021	Single	\$ 577.33	\$ 577.33	\$ -	\$ 577.33	\$ -
	1022	2-Party	\$ 1,154.66	\$ 901.34	\$ 253.32	\$ 976.60	\$ 178.06
	1023	Family	\$ 1,501.06	\$ 1,183.74	\$ 317.32	\$ 1,281.58	\$ 219.48
Blue Shield NetValue	1241	Single	\$ 500.35	\$ 500.35	\$ -	\$ 500.35	\$ -
(Please contact Blue Shield to make sure you qualify 800-334-5847)	1242	2-party	\$ 1,000.70	\$ 901.34	\$ 99.36	\$ 976.60	\$ 24.10
	1243	Family	\$ 1,300.91	\$ 1,183.74	\$ 117.17	\$ 1,281.58	\$ 19.33
Kaiser Permanente HMO	1041	Single	\$ 532.56	\$ 532.56	\$ -	\$ 532.56	\$ -
	1042	2-Party	\$ 1,065.12	\$ 901.34	\$ 163.78	\$ 976.60	\$ 88.52
	1043	Family	\$ 1,384.66	\$ 1,183.74	\$ 200.92	\$ 1,281.58	\$ 103.08
Anthem Blue Cross PPO	1061	Single	\$ 508.74	\$ 508.74	\$ -	\$ 508.74	\$ -
(PERS Choice)	1062	2-Party	\$ 1,017.48	\$ 901.34	\$ 116.14	\$ 976.60	\$ 40.88
80/20 PLAN	1063	Family	\$ 1,322.72	\$ 1,183.74	\$ 138.98	\$ 1,281.58	\$ 41.14
Anthem Blue Cross PPO	1261	Single	\$ 474.93	\$ 474.93	\$ -	\$ 474.93	\$ -
(PERS SELECT)	1262	2-Party	\$ 949.86	\$ 901.34	\$ 48.52	\$ 949.86	\$ -
80/20 Plan - Reduced Network	1263	Family	\$ 1,234.82	\$ 1,183.74	\$ 51.08	\$ 1,234.82	\$ -
Anthem Blue Cross PPO	1221	Single	\$ 868.17	\$ 604.00	\$ 264.17	\$ 604.00	\$ 264.17
(PERS CARE)	1222	2-Party	\$ 1,736.34	\$ 901.34	\$ 835.00	\$ 976.60	\$ 759.74
90/10 Plan	1223	Family	\$ 2,257.24	\$ 1,183.74	\$ 1,073.50	\$ 1,281.58	\$ 975.66