

BENEFITTED EMPLOYEES MEDICAL PLANS

2020 MONTHLY CONTRIBUTION AMOUNTS FOR BAY AREA - REGION 1

(Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba)

Effective: January 1, 2020 - December 31, 2020

Plan Name	Plan Code	Plan Description	Premium	ACADEMICS SUPS, ADMINISTRATORS		AFT (Full-Time Faculty)		TRUSTEES		AFSCME (Facilities)		CSEA (Classified)		CLASSIFIED PROF/SUPS, CONFIDENTIAL		CLASSIFIED EXEMPT SUPS	
				Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket
HMO PLANS																	
Anthem Blue Cross Traditional HMO	4501	Single	\$ 1,184.84	\$ 739.00	\$ 445.84	\$ 825.00	\$ 359.84	\$ 789.00	\$ 395.84	\$ 764.00	\$ 420.84	\$ 830.00	\$ 354.84	\$ 775.00	\$ 409.84	\$ 739.00	\$ 445.84
(MAT)	4502	2-Party	\$ 2,369.68	\$ 1,162.00	\$ 1,207.68	\$ 1,394.97	\$ 974.71	\$ 1,312.00	\$ 1,057.68	\$ 1,312.00	\$ 1,057.68	\$ 1,447.00	\$ 922.68	\$ 1,332.00	\$ 1,037.68	\$ 1,237.00	\$ 1,132.68
	4503	Family	\$ 3,080.58	\$ 1,519.00	\$ 1,561.58	\$ 1,828.41	\$ 1,252.17	\$ 1,717.00	\$ 1,363.58	\$ 1,717.00	\$ 1,363.58	\$ 1,889.39	\$ 1,191.19	\$ 1,734.00	\$ 1,346.58	\$ 1,617.00	\$ 1,463.58
Anthem Blue Cross Select HMO	4541	Single	\$ 868.98	\$ 739.00	\$ 129.98	\$ 825.00	\$ 43.98	\$ 789.00	\$ 79.98	\$ 764.00	\$ 104.98	\$ 830.00	\$ 38.98	\$ 775.00	\$ 93.98	\$ 739.00	\$ 129.98
(MAS)	4542	2-Party	\$ 1,737.96	\$ 1,162.00	\$ 575.96	\$ 1,394.97	\$ 342.99	\$ 1,312.00	\$ 425.96	\$ 1,312.00	\$ 425.96	\$ 1,447.00	\$ 290.96	\$ 1,332.00	\$ 405.96	\$ 1,237.00	\$ 500.96
Limited Network	4543	Family	\$ 2,259.35	\$ 1,519.00	\$ 740.35	\$ 1,828.41	\$ 430.94	\$ 1,717.00	\$ 542.35	\$ 1,717.00	\$ 542.35	\$ 1,889.39	\$ 369.96	\$ 1,734.00	\$ 525.35	\$ 1,617.00	\$ 642.35
HealthNet SmartCare HMO	3751	Single	\$ 1,000.52	\$ 739.00	\$ 261.52	\$ 825.00	\$ 175.52	\$ 789.00	\$ 211.52	\$ 764.00	\$ 236.52	\$ 830.00	\$ 170.52	\$ 775.00	\$ 225.52	\$ 739.00	\$ 261.52
(MHN)	3752	2-Party	\$ 2,001.04	\$ 1,162.00	\$ 839.04	\$ 1,394.97	\$ 606.07	\$ 1,312.00	\$ 689.04	\$ 1,312.00	\$ 689.04	\$ 1,447.00	\$ 554.04	\$ 1,332.00	\$ 669.04	\$ 1,237.00	\$ 764.04
	3753	Family	\$ 2,601.35	\$ 1,519.00	\$ 1,082.35	\$ 1,828.41	\$ 772.94	\$ 1,717.00	\$ 884.35	\$ 1,717.00	\$ 884.35	\$ 1,889.39	\$ 711.96	\$ 1,734.00	\$ 867.35	\$ 1,617.00	\$ 984.35
Kaiser Permanente (MKN)	1041	Single	\$ 768.49	\$ 739.00	\$ 29.49	\$ 825.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ 4.49	\$ 830.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ 29.49
	1042	2-Party	\$ 1,536.98	\$ 1,162.00	\$ 374.98	\$ 1,394.97	\$ 142.01	\$ 1,312.00	\$ 224.98	\$ 1,312.00	\$ 224.98	\$ 1,447.00	\$ 89.98	\$ 1,332.00	\$ 204.98	\$ 1,237.00	\$ 299.98
	1043	Family	\$ 1,998.07	\$ 1,519.00	\$ 479.07	\$ 1,828.41	\$ 169.66	\$ 1,717.00	\$ 281.07	\$ 1,717.00	\$ 281.07	\$ 1,889.39	\$ 108.68	\$ 1,734.00	\$ 264.07	\$ 1,617.00	\$ 381.07
Western Health Advantage (MWH)	1791	Single	\$ 731.96	\$ 739.00	\$ -	\$ 825.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ -	\$ 830.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ -
<i>*Only available in Colusa, El Dorado, Marin, Napa, Placer, Sacramento, Solano, Sonoma & Yolo</i>	1792	2-Party	\$ 1,463.92	\$ 1,162.00	\$ 301.92	\$ 1,394.97	\$ 68.95	\$ 1,312.00	\$ 151.92	\$ 1,312.00	\$ 151.92	\$ 1,447.00	\$ 16.92	\$ 1,332.00	\$ 131.92	\$ 1,237.00	\$ 226.92
	1793	Family	\$ 1,903.10	\$ 1,519.00	\$ 384.10	\$ 1,828.41	\$ 74.69	\$ 1,717.00	\$ 186.10	\$ 1,717.00	\$ 186.10	\$ 1,889.39	\$ 13.71	\$ 1,734.00	\$ 169.10	\$ 1,617.00	\$ 286.10
PPO PLANS																	
Anthem Blue Cross PERS CHOICE PPO	1061	Single	\$ 861.18	\$ 739.00	\$ 122.18	\$ 825.00	\$ 36.18	\$ 789.00	\$ 72.18	\$ 764.00	\$ 97.18	\$ 830.00	\$ 31.18	\$ 775.00	\$ 86.18	\$ 739.00	\$ 122.18
(MCH)	1062	2-Party	\$ 1,722.36	\$ 1,162.00	\$ 560.36	\$ 1,394.97	\$ 327.39	\$ 1,312.00	\$ 410.36	\$ 1,312.00	\$ 410.36	\$ 1,447.00	\$ 275.36	\$ 1,332.00	\$ 390.36	\$ 1,237.00	\$ 485.36
80/20 Plan	1063	Family	\$ 2,239.07	\$ 1,519.00	\$ 720.07	\$ 1,828.41	\$ 410.66	\$ 1,717.00	\$ 522.07	\$ 1,717.00	\$ 522.07	\$ 1,889.39	\$ 349.68	\$ 1,734.00	\$ 505.07	\$ 1,617.00	\$ 622.07
Anthem Blue Cross PERS SELECT PPO	1261	Single	\$ 520.29	\$ 739.00	\$ -	\$ 825.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ -	\$ 830.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ -
(MSE)	1262	2-Party	\$ 1,040.58	\$ 1,162.00	\$ -	\$ 1,394.97	\$ -	\$ 1,312.00	\$ -	\$ 1,312.00	\$ -	\$ 1,447.00	\$ -	\$ 1,332.00	\$ -	\$ 1,237.00	\$ -
80/20 Plan - Reduced Network	1263	Family	\$ 1,352.75	\$ 1,519.00	\$ -	\$ 1,828.41	\$ -	\$ 1,717.00	\$ -	\$ 1,717.00	\$ -	\$ 1,889.39	\$ -	\$ 1,734.00	\$ -	\$ 1,617.00	\$ -
Anthem Blue Cross PERS CARE PPO	1221	Single	\$ 1,133.14	\$ 739.00	\$ 394.14	\$ 825.00	\$ 308.14	\$ 789.00	\$ 344.14	\$ 764.00	\$ 369.14	\$ 830.00	\$ 303.14	\$ 775.00	\$ 358.14	\$ 739.00	\$ 394.14
(MPC)	1222	2-Party	\$ 2,266.28	\$ 1,162.00	\$ 1,104.28	\$ 1,394.97	\$ 871.31	\$ 1,312.00	\$ 954.28	\$ 1,312.00	\$ 954.28	\$ 1,447.00	\$ 819.28	\$ 1,332.00	\$ 934.28	\$ 1,237.00	\$ 1,029.28
90/10 Plan	1223	Family	\$ 2,946.16	\$ 1,519.00	\$ 1,427.16	\$ 1,828.41	\$ 1,117.75	\$ 1,717.00	\$ 1,229.16	\$ 1,717.00	\$ 1,229.16	\$ 1,889.39	\$ 1,056.77	\$ 1,734.00	\$ 1,212.16	\$ 1,617.00	\$ 1,329.16

Note: All medical caps are based on 2018 negotiated medical caps.

BENEFITTED EMPLOYEES MEDICAL PLANS
2020 MONTHLY CONTRIBUTION AMOUNTS FOR REGION 2
(Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura)
 Effective: January 1, 2020 - December 31, 2020

Plan Name	Plan Code	Plan Description	Premium	ACADEMICS SUPS, ADMINISTRATORS		AFT (Full-Time Faculty)		TRUSTEES		AFSCME (Facilities)		CSEA (Classified)		CLASSIFIED PROF/SUPS, CONFIDENTIAL		CLASSIFIED EXEMPT SUPS	
				Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket
HMO PLANS																	
Anthem Blue Cross Traditional HMO	4501	Single	\$ 934.95	\$ 739.00	\$ 195.95	\$ 825.00	\$ 109.95	\$ 789.00	\$ 145.95	\$ 764.00	\$ 170.95	\$ 830.00	\$ 104.95	\$ 775.00	\$ 159.95	\$ 739.00	\$ 195.95
(MAT)	4502	2-Party	\$ 1,869.90	\$ 1,162.00	\$ 707.90	\$ 1,394.97	\$ 474.93	\$ 1,312.00	\$ 557.90	\$ 1,312.00	\$ 557.90	\$ 1,447.00	\$ 422.90	\$ 1,332.00	\$ 537.90	\$ 1,237.00	\$ 632.90
	4503	Family	\$ 2,430.87	\$ 1,519.00	\$ 911.87	\$ 1,828.41	\$ 602.46	\$ 1,717.00	\$ 713.87	\$ 1,717.00	\$ 713.87	\$ 1,889.39	\$ 541.48	\$ 1,734.00	\$ 696.87	\$ 1,617.00	\$ 813.87
Anthem Blue Cross Select HMO	4541	Single	\$ 654.04	\$ 739.00	\$ -	\$ 825.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ -	\$ 830.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ -
(MAS)	4542	2-Party	\$ 1,308.08	\$ 1,162.00	\$ 146.08	\$ 1,394.97	\$ -	\$ 1,312.00	\$ -	\$ 1,312.00	\$ -	\$ 1,447.00	\$ -	\$ 1,332.00	\$ -	\$ 1,237.00	\$ 71.08
Limited Network	4543	Family	\$ 1,700.50	\$ 1,519.00	\$ 181.50	\$ 1,828.41	\$ -	\$ 1,717.00	\$ -	\$ 1,717.00	\$ -	\$ 1,889.39	\$ -	\$ 1,734.00	\$ -	\$ 1,617.00	\$ 83.50
HealthNet SmartCare HMO	3751	Single	\$ 719.26	\$ 739.00	\$ -	\$ 825.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ -	\$ 830.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ -
(MHN)	3752	2-Party	\$ 1,438.52	\$ 1,162.00	\$ 276.52	\$ 1,394.97	\$ 43.55	\$ 1,312.00	\$ 126.52	\$ 1,312.00	\$ 126.52	\$ 1,447.00	\$ -	\$ 1,332.00	\$ 106.52	\$ 1,237.00	\$ 201.52
	3753	Family	\$ 1,870.08	\$ 1,519.00	\$ 351.08	\$ 1,828.41	\$ 41.67	\$ 1,717.00	\$ 153.08	\$ 1,717.00	\$ 153.08	\$ 1,889.39	\$ -	\$ 1,734.00	\$ 136.08	\$ 1,617.00	\$ 253.08
Kaiser Permanente	1041	Single	\$ 645.24	\$ 739.00	\$ -	\$ 825.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ -	\$ 830.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ -
(MKN)	1042	2-Party	\$ 1,290.48	\$ 1,162.00	\$ 128.48	\$ 1,394.97	\$ -	\$ 1,312.00	\$ -	\$ 1,312.00	\$ -	\$ 1,447.00	\$ -	\$ 1,332.00	\$ -	\$ 1,237.00	\$ 53.48
	1043	Family	\$ 1,677.62	\$ 1,519.00	\$ 158.62	\$ 1,828.41	\$ -	\$ 1,717.00	\$ -	\$ 1,717.00	\$ -	\$ 1,889.39	\$ -	\$ 1,734.00	\$ -	\$ 1,617.00	\$ 60.62
PPO PLANS																	
Anthem Blue Cross PERS CHOICE PPO	1061	Single	\$ 736.28	\$ 739.00	\$ -	\$ 825.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ -	\$ 830.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ -
(MCH)	1062	2-Party	\$ 1,472.56	\$ 1,162.00	\$ 310.56	\$ 1,394.97	\$ 77.59	\$ 1,312.00	\$ 160.56	\$ 1,312.00	\$ 160.56	\$ 1,447.00	\$ 25.56	\$ 1,332.00	\$ 140.56	\$ 1,237.00	\$ 235.56
80/20 Plan	1063	Family	\$ 1,914.33	\$ 1,519.00	\$ 395.33	\$ 1,828.41	\$ 85.92	\$ 1,717.00	\$ 197.33	\$ 1,717.00	\$ 197.33	\$ 1,889.39	\$ 24.94	\$ 1,734.00	\$ 180.33	\$ 1,617.00	\$ 297.33
Anthem Blue Cross PERS SELECT PPO	1261	Single	\$ 451.54	\$ 739.00	\$ -	\$ 825.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ -	\$ 830.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ -
(MSE)	1262	2-Party	\$ 903.08	\$ 1,162.00	\$ -	\$ 1,394.97	\$ -	\$ 1,312.00	\$ -	\$ 1,312.00	\$ -	\$ 1,447.00	\$ -	\$ 1,332.00	\$ -	\$ 1,237.00	\$ -
80/20 Plan - Reduced Network	1263	Family	\$ 1,174.00	\$ 1,519.00	\$ -	\$ 1,828.41	\$ -	\$ 1,717.00	\$ -	\$ 1,717.00	\$ -	\$ 1,889.39	\$ -	\$ 1,734.00	\$ -	\$ 1,617.00	\$ -
Anthem Blue Cross PERS CARE PPO	1221	Single	\$ 986.66	\$ 739.00	\$ 247.66	\$ 825.00	\$ 161.66	\$ 789.00	\$ 197.66	\$ 764.00	\$ 222.66	\$ 830.00	\$ 156.66	\$ 775.00	\$ 211.66	\$ 739.00	\$ 247.66
(MPC)	1222	2-Party	\$ 1,973.32	\$ 1,162.00	\$ 811.32	\$ 1,394.97	\$ 578.35	\$ 1,312.00	\$ 661.32	\$ 1,312.00	\$ 661.32	\$ 1,447.00	\$ 526.32	\$ 1,332.00	\$ 641.32	\$ 1,237.00	\$ 736.32
90/10 Plan	1223	Family	\$ 2,565.32	\$ 1,519.00	\$ 1,046.32	\$ 1,828.41	\$ 736.91	\$ 1,717.00	\$ 848.32	\$ 1,717.00	\$ 848.32	\$ 1,889.39	\$ 675.93	\$ 1,734.00	\$ 831.32	\$ 1,617.00	\$ 948.32

Note: All medical caps are based on 2018 negotiated medical caps.

BENEFITTED EMPLOYEES MEDICAL PLANS
2020 MONTHLY CONTRIBUTION AMOUNTS FOR REGION 3
(Los Angeles, Riverside, San Bernardino)
 Effective: January 1, 2020 - December 31, 2020

Plan Name	Plan Code	Plan Description	Premium	ACADEMICS SUPS, ADMINISTRATORS		AFT (Full-Time Faculty)		TRUSTEES		AFSCME (Facilities)		CSEA (Classified)		CLASSIFIED PROF/SUPS, CONFIDENTIAL		CLASSIFIED EXEMPT SUPS	
				Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket
HMO PLANS																	
Anthem Blue Cross Traditional HMO	4501	Single	\$ 902.63	\$ 739.00	\$ 163.63	\$ 825.00	\$ 77.63	\$ 789.00	\$ 113.63	\$ 764.00	\$ 138.63	\$ 830.00	\$ 72.63	\$ 775.00	\$ 127.63	\$ 739.00	\$ 163.63
(MAT)	4502	2-Party	\$ 1,805.26	\$ 1,162.00	\$ 643.26	\$ 1,394.97	\$ 410.29	\$ 1,312.00	\$ 493.26	\$ 1,312.00	\$ 493.26	\$ 1,447.00	\$ 358.26	\$ 1,332.00	\$ 473.26	\$ 1,237.00	\$ 568.26
	4503	Family	\$ 2,346.84	\$ 1,519.00	\$ 827.84	\$ 1,828.41	\$ 518.43	\$ 1,717.00	\$ 629.84	\$ 1,717.00	\$ 629.84	\$ 1,889.39	\$ 457.45	\$ 1,734.00	\$ 612.84	\$ 1,617.00	\$ 729.84
Anthem Blue Cross Select HMO	4541	Single	\$ 619.93	\$ 739.00	\$ -	\$ 825.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ -	\$ 830.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ -
(MAS)	4542	2-Party	\$ 1,239.86	\$ 1,162.00	\$ 77.86	\$ 1,394.97	\$ -	\$ 1,312.00	\$ -	\$ 1,312.00	\$ -	\$ 1,447.00	\$ -	\$ 1,332.00	\$ -	\$ 1,237.00	\$ 2.86
Limited Network	4543	Family	\$ 1,611.82	\$ 1,519.00	\$ 92.82	\$ 1,828.41	\$ -	\$ 1,717.00	\$ -	\$ 1,717.00	\$ -	\$ 1,889.39	\$ -	\$ 1,734.00	\$ -	\$ 1,617.00	\$ -
HealthNet SmartCare HMO	3751	Single	\$ 648.42	\$ 739.00	\$ -	\$ 825.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ -	\$ 830.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ -
(MHN)	3752	2-Party	\$ 1,296.84	\$ 1,162.00	\$ 134.84	\$ 1,394.97	\$ -	\$ 1,312.00	\$ -	\$ 1,312.00	\$ -	\$ 1,447.00	\$ -	\$ 1,332.00	\$ -	\$ 1,237.00	\$ 59.84
	3753	Family	\$ 1,685.89	\$ 1,519.00	\$ 166.89	\$ 1,828.41	\$ -	\$ 1,717.00	\$ -	\$ 1,717.00	\$ -	\$ 1,889.39	\$ -	\$ 1,734.00	\$ -	\$ 1,617.00	\$ 68.89
Kaiser Permanente	1041	Single	\$ 664.39	\$ 739.00	\$ -	\$ 825.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ -	\$ 830.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ -
(MKN)	1042	2-Party	\$ 1,328.78	\$ 1,162.00	\$ 166.78	\$ 1,394.97	\$ -	\$ 1,312.00	\$ 16.78	\$ 1,312.00	\$ 16.78	\$ 1,447.00	\$ -	\$ 1,332.00	\$ -	\$ 1,237.00	\$ 91.78
	1043	Family	\$ 1,727.41	\$ 1,519.00	\$ 208.41	\$ 1,828.41	\$ -	\$ 1,717.00	\$ 10.41	\$ 1,717.00	\$ 10.41	\$ 1,889.39	\$ -	\$ 1,734.00	\$ -	\$ 1,617.00	\$ 110.41
PPO PLANS																	
Anthem Blue Cross PERS CHOICE PPO	1061	Single	\$ 710.29	\$ 739.00	\$ -	\$ 825.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ -	\$ 830.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ -
(MCH)	1062	2-Party	\$ 1,420.58	\$ 1,162.00	\$ 258.58	\$ 1,394.97	\$ 25.61	\$ 1,312.00	\$ 108.58	\$ 1,312.00	\$ 108.58	\$ 1,447.00	\$ -	\$ 1,332.00	\$ 88.58	\$ 1,237.00	\$ 183.58
80/20 Plan	1063	Family	\$ 1,846.75	\$ 1,519.00	\$ 327.75	\$ 1,828.41	\$ 18.34	\$ 1,717.00	\$ 129.75	\$ 1,717.00	\$ 129.75	\$ 1,889.39	\$ -	\$ 1,734.00	\$ 112.75	\$ 1,617.00	\$ 229.75
Anthem Blue Cross PERS SELECT PPO	1261	Single	\$ 435.74	\$ 739.00	\$ -	\$ 825.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ -	\$ 830.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ -
(MSE)	1262	2-Party	\$ 871.48	\$ 1,162.00	\$ -	\$ 1,394.97	\$ -	\$ 1,312.00	\$ -	\$ 1,312.00	\$ -	\$ 1,447.00	\$ -	\$ 1,332.00	\$ -	\$ 1,237.00	\$ -
80/20 Plan - Reduced Network	1263	Family	\$ 1,132.92	\$ 1,519.00	\$ -	\$ 1,828.41	\$ -	\$ 1,717.00	\$ -	\$ 1,717.00	\$ -	\$ 1,889.39	\$ -	\$ 1,734.00	\$ -	\$ 1,617.00	\$ -
Anthem Blue Cross PERS CARE PPO	1221	Single	\$ 931.12	\$ 739.00	\$ 192.12	\$ 825.00	\$ 106.12	\$ 789.00	\$ 142.12	\$ 764.00	\$ 167.12	\$ 830.00	\$ 101.12	\$ 775.00	\$ 156.12	\$ 739.00	\$ 192.12
(MPC)	1222	2-Party	\$ 1,862.24	\$ 1,162.00	\$ 700.24	\$ 1,394.97	\$ 467.27	\$ 1,312.00	\$ 550.24	\$ 1,312.00	\$ 550.24	\$ 1,447.00	\$ 415.24	\$ 1,332.00	\$ 530.24	\$ 1,237.00	\$ 625.24
90/10 Plan	1223	Family	\$ 2,420.91	\$ 1,519.00	\$ 901.91	\$ 1,828.41	\$ 592.50	\$ 1,717.00	\$ 703.91	\$ 1,717.00	\$ 703.91	\$ 1,889.39	\$ 531.52	\$ 1,734.00	\$ 686.91	\$ 1,617.00	\$ 803.91

Note: All medical caps are based on 2018 negotiated medical caps.