# Actives (Bi-Weekly)

# Tulare County Health Plan Rates 2015

9/3/2014

## Anthem Blue Cross

| Plan Name | Medical | Dental PPO | Vision | Employee Rate |
|---|---|---|---|---|
| **BLUE CROSS $0 DED PPO** | | | | |
| EMPLOYEE ONLY | 374.60 | 18.37 | 2.38 | **395.35** |
| EMPLOYEE + SPOUSE | 748.81 | 31.96 | 4.02 | **784.79** |
| EMPLOYEE + CHILD(REN) | 683.54 | 34.49 | 4.26 | **722.29** |
| EMPLOYEE + FAMILY | 1,135.26 | 49.12 | 6.34 | **1,190.72** |
| **BLUE CROSS $500 DED PPO** | | | | |
| EMPLOYEE ONLY | 282.09 | 18.37 | 2.38 | **302.84** |
| EMPLOYEE + SPOUSE | 564.44 | 31.96 | 4.02 | **600.42** |
| EMPLOYEE + CHILD(REN) | 516.97 | 34.49 | 4.26 | **555.71** |
| EMPLOYEE + FAMILY | 890.26 | 49.12 | 6.34 | **945.72** |
| **BLUE CROSS $1000 DED PPO** | | | | |
| EMPLOYEE ONLY | 247.79 | 18.37 | 2.38 | **268.54** |
| EMPLOYEE + SPOUSE | 495.23 | 31.96 | 4.02 | **531.21** |
| EMPLOYEE + CHILD(REN) | 454.40 | 34.49 | 4.26 | **493.15** |
| EMPLOYEE + FAMILY | 754.93 | 49.12 | 6.34 | **810.39** |
| **BLUE CROSS $2500 DED PPO** | | | | |
| EMPLOYEE ONLY | 234.84 | 18.37 | 2.38 | **255.59** |
| EMPLOYEE + SPOUSE | 469.31 | 31.96 | 4.02 | **505.29** |
| EMPLOYEE + CHILD(REN) | 430.63 | 34.49 | 4.26 | **469.37** |
| EMPLOYEE + FAMILY | 715.45 | 49.12 | 6.34 | **770.91** |
| **BLUE CROSS HMO** | | | | |
| EMPLOYEE ONLY | 302.44 | 18.37 | 2.38 | **323.19** |
| EMPLOYEE + SPOUSE | 534.86 | 31.96 | 4.02 | **570.84** |
| EMPLOYEE + CHILD(REN) | 472.05 | 34.49 | 4.26 | **510.79** |
| EMPLOYEE + FAMILY | 703.83 | 49.12 | 6.34 | **759.29** |

## Anthem Blue Cross

| Plan Name | Medical | Dental HMO | Vision | Employee Rate |
|---|---|---|---|---|
| **BLUE CROSS $0 DED PPO** | | | | |
| EMPLOYEE ONLY | 374.60 | 11.88 | 2.38 | **388.86** |
| EMPLOYEE + SPOUSE | 748.81 | 20.39 | 4.02 | **773.21** |
| EMPLOYEE + CHILD(REN) | 683.54 | 20.53 | 4.26 | **708.32** |
| EMPLOYEE + FAMILY | 1,135.26 | 29.59 | 6.34 | **1,171.18** |
| **BLUE CROSS $500 DED PPO** | | | | |
| EMPLOYEE ONLY | 282.09 | 11.88 | 2.38 | **296.35** |
| EMPLOYEE + SPOUSE | 564.44 | 20.39 | 4.02 | **588.85** |
| EMPLOYEE + CHILD(REN) | 516.97 | 20.53 | 4.26 | **541.75** |
| EMPLOYEE + FAMILY | 890.26 | 29.59 | 6.34 | **926.19** |
| **BLUE CROSS $1000 DED PPO** | | | | |
| EMPLOYEE ONLY | 247.79 | 11.88 | 2.38 | **262.05** |
| EMPLOYEE + SPOUSE | 495.23 | 20.39 | 4.02 | **519.63** |
| EMPLOYEE + CHILD(REN) | 454.40 | 20.53 | 4.26 | **479.18** |
| EMPLOYEE + FAMILY | 754.93 | 29.59 | 6.34 | **790.86** |
| **BLUE CROSS $2500 DED PPO** | | | | |
| EMPLOYEE ONLY | 234.84 | 11.88 | 2.38 | **249.10** |
| EMPLOYEE + SPOUSE | 469.31 | 20.39 | 4.02 | **493.72** |
| EMPLOYEE + CHILD(REN) | 430.63 | 20.53 | 4.26 | **455.41** |
| EMPLOYEE + FAMILY | 715.45 | 29.59 | 6.34 | **751.37** |
| **BLUE CROSS HMO** | | | | |
| EMPLOYEE ONLY | 302.44 | 11.88 | 2.38 | **316.70** |
| EMPLOYEE + SPOUSE | 534.86 | 20.39 | 4.02 | **559.26** |
| EMPLOYEE + CHILD(REN) | 472.05 | 20.53 | 4.26 | **496.83** |
| EMPLOYEE + FAMILY | 703.83 | 29.59 | 6.34 | **739.75** |

## Kaiser Permanente HMO

| Plan Name | Medical | Dental PPO | Vision | Employee Rate |
|---|---|---|---|---|
| **KAISER HMO - LOW PLAN** | | | | |
| EMPLOYEE ONLY | 264.28 | 18.37 | - | **282.65** |
| EMPLOYEE + SPOUSE | 611.56 | 31.96 | - | **643.52** |
| EMPLOYEE + CHILD(REN) | 472.67 | 34.49 | - | **507.16** |
| EMPLOYEE + FAMILY | 778.86 | 49.12 | - | **827.98** |
| **KAISER HMO - HIGH PLAN** | | | | |
| EMPLOYEE ONLY | 340.32 | 18.37 | - | **358.69** |
| EMPLOYEE + SPOUSE | 673.66 | 31.96 | - | **705.62** |
| EMPLOYEE + CHILD(REN) | 610.32 | 34.49 | - | **644.81** |
| EMPLOYEE + FAMILY | 1,007.00 | 49.12 | - | **1,056.12** |

## Kaiser Permanente HMO

| Plan Name | Medical | Dental HMO | Vision | Employee Rate |
|---|---|---|---|---|
| **KAISER HMO - LOW PLAN** | | | | |
| EMPLOYEE ONLY | 264.28 | 11.88 | - | **276.16** |
| EMPLOYEE + SPOUSE | 611.56 | 20.39 | - | **631.94** |
| EMPLOYEE + CHILD(REN) | 472.67 | 20.53 | - | **493.19** |
| EMPLOYEE + FAMILY | 778.86 | 29.59 | - | **808.44** |
| **KAISER HMO - HIGH PLAN** | | | | |
| EMPLOYEE ONLY | 340.32 | 11.88 | - | **352.20** |
| EMPLOYEE + SPOUSE | 673.66 | 20.39 | - | **694.04** |
| EMPLOYEE + CHILD(REN) | 610.32 | 20.53 | - | **630.85** |
| EMPLOYEE + FAMILY | 1,007.00 | 29.59 | - | **1,036.58** |