

## Blue Shield of California Health Benefits

Plan Year/Coverage Effective Date: July 1, 2023 - June 30, 2024

Use this form to help you determine your monthly health benefit cost. Pay special attention to the monthly contribution rate. Enter the monthly amount to be deducted in the space provided.				1. Change to your FTE  FTE <b>1.0000</b>	2. Refer to the column below that matches your position  If you work 220+ days per fiscal year ↓ Your monthly Contribution  If you work 220 days or less in a fiscal year ↓ Your monthly Contribution		3. Fill in contribution totals  Your monthly Contribution	
Plans	Plan Cost	Cap						
<b>Blue Shield PPO Savings (\$2700/\$5200) w/ HSA Option (BSC 2700)</b>								
<b>Medical</b>	Employee Only	\$777.00	\$699.00		<b>\$78.00</b>	<b>\$85.09</b>		
	Employee + Spouse/Domestic Partner	\$1,553.00	\$1,223.00		<b>\$330.00</b>	<b>\$360.00</b>		
	Employee + Children	\$1,188.00	\$1,049.00		<b>\$139.00</b>	<b>\$151.64</b>		
	Employee + Family	\$1,825.00	\$1,398.00		<b>\$427.00</b>	<b>\$465.82</b>		
<b>Blue Shield PPO Savings (\$4400/\$8800) w/ HSA Option (BSC 4400)</b>								
<b>Medical</b>	Employee Only	\$699.00	\$699.00		<b>\$0.00</b>	<b>\$0.00</b>		
	Employee + Spouse/Domestic Partner	\$1,395.00	\$1,223.00		<b>\$172.00</b>	<b>\$187.64</b>		
	Employee + Children	\$1,068.00	\$1,049.00		<b>\$19.00</b>	<b>\$20.73</b>		
	Employee + Family	\$1,638.00	\$1,398.00		<b>\$240.00</b>	<b>\$261.82</b>		
<b>Blue Shield Trio HMO (BSC TRIO)</b>								
<b>Medical</b>	Employee Only	\$915.00	\$699.00		<b>\$216.00</b>	<b>\$235.64</b>		
	Employee + Spouse/Domestic Partner	\$1,830.00	\$1,223.00		<b>\$607.00</b>	<b>\$662.18</b>		
	Employee + Children	\$1,400.00	\$1,049.00		<b>\$351.00</b>	<b>\$382.91</b>		
	Employee + Family	\$2,150.00	\$1,398.00		<b>\$752.00</b>	<b>\$820.36</b>		
<b>VSP Vision Services (Plan B- VSB00)</b>								
<b>Vision</b>	Employee Only	\$22.70			<b>\$22.70</b>	<b>\$24.76</b>		
	Employee + Family	\$22.70			<b>\$22.70</b>	<b>\$24.76</b>		
<b>Delta Dental (Plan DEL1B)</b>								
<b>Dental</b>	Employee Only	\$125.75			<b>\$125.75</b>	<b>\$137.18</b>		
	Employee + Family	\$125.75			<b>\$125.75</b>	<b>\$137.18</b>		
<b>The Hartford Life Insurance (\$40,000)</b>								
<b>Life</b>	Employee Only	\$5.60	\$5.60		<b>\$0.00</b>	<b>\$0.00</b>		
<b>Waive Medical, Dental, Vision, Life insurance for you and your dependents</b>								
<b>Waiver</b>	(Complete Waiver Form and attach)		\$300.00			<b>\$0.00</b>	<b>\$0.00</b>	\$300 NCSOS cost, if FT employee
	<b>The Standard (Group Disability Insurance- Income Protection)</b>							
<b>Disability</b>	Employee Only	\$0.00			<b>\$0.00</b>	<b>\$0.00</b>		
<b>5. Benefits Grand Total</b>						<b>\$0.00</b>		