

Health Benefit Program
January 1 - December 31, 2023

Health Plan	Eligible Dependents	2022 Total Monthly Premium	2022 Employer Monthly Deduction	2022 Employee Monthly Deduction	2023 Medical Monthly premium	Admin Fee (ER &EE)	Anthem EAP (ER Cost)	Total Monthly	2023 Employee Monthly Deduction	2023 Employee Semi-Monthly Deduction	Employer Monthly Contribution
Blue Cross HMO*	Employee Only	\$720.00	\$662.90	\$57.60	\$790.00	\$0.50	\$1.69	\$790.50	\$63.20	\$31.60	\$728.99
Plan A	Employee + 1 Dependent	\$1,439.00	\$1,266.82	\$172.68	\$1,579.00	\$0.50	\$1.69	\$1,579.50	\$189.48	\$94.74	\$1,391.71
	Employee + 2 or more	\$2,037.00	\$1,752.32	\$285.18	\$2,235.00	\$0.50	\$1.69	\$2,235.50	\$312.90	\$156.45	\$1,924.29
Kasier Permanente*	Employee Only	\$661.00	\$608.62	\$52.88	\$725.00	\$0.50	\$1.69	\$725.50	\$58.00	\$29.00	\$669.19
\$20 Copay Plan	Employee + 1 Dependent	\$1,321.00	\$1,162.98	\$158.52	\$1,449.00	\$0.50	\$1.69	\$1,449.50	\$173.88	\$86.94	\$1,277.31
	Employee + 2 or more	\$1,870.00	\$1,608.70	\$261.80	\$2,051.00	\$0.50	\$1.69	\$2,051.50	\$287.14	\$143.57	\$1,766.05
Blue Cross - High Option	Employee Only	\$963.00	\$886.46	\$77.04	\$1,056.00	\$0.50	\$1.69	\$1,056.50	\$84.48	\$42.24	\$973.71
PPO Plan 9060	Employee + 1 Dependent	\$1,926.00	\$1,695.38	\$231.12	\$2,113.00	\$0.50	\$1.69	\$2,113.50	\$253.56	\$126.78	\$1,861.63
	Employee + 2 or more	\$2,726.00	\$2,344.86	\$381.64	\$2,990.00	\$0.50	\$1.69	\$2,990.50	\$418.60	\$209.30	\$2,573.59
Blue Cross - Low Option	Employee Only	\$899.00	\$845.56	\$53.94	\$986.00	\$0.50	\$1.69	\$986.50	\$59.16	\$29.58	\$929.03
PPO Plan 8060	Employee + 1 Dependent	\$1,800.00	\$1,638.50	\$162.00	\$1,975.00	\$0.50	\$1.69	\$1,975.50	\$177.75	\$88.88	\$1,799.44
	Employee + 2 or more	\$2,547.00	\$2,241.86	\$305.64	\$2,794.00	\$0.50	\$1.69	\$2,794.50	\$335.28	\$167.64	\$2,460.91

*Plan available outside Monterey County only
100% Employer Paid

Health Plan	Eligible Dependents	2022 Premium Increase/Decrease	2022 Premium Increase/Decrease \$	2022 Monthly Premium	2023 Monthly Premium
Vision - VSP	Single	0%	\$0	\$7.00	\$7.00
	Two Party	0%	\$0	\$9.70	\$9.70
	Family	0%	\$0	\$16.60	\$16.60
Health Plan	Eligible Dependents	2022 Premium Increase/Decrease %	2022 Premium Increase/Decrease \$	2022 Monthly Premium	2023 Monthly Premium
Dental - Delta Dental	Employee	-\$0.02	\$0.80	\$48.00	\$47.20
	EE + 1	-\$0.02	\$1.60	\$96.10	\$94.50
	EE + Family	-\$0.02	\$2.50	\$148.90	\$146.40