

	Single		Family			
	Monthly Rate	Yearly	Monthly Rate	Yearly		
Regular Active Plans - employees scheduled to work 1000 hours per year are eligible for these plans						
Blue Card PPO 100	1,106.00	13,272.00	2,544.00	30,528.00		
Blue Card PPO 70	831.00	9,972.00	1,911.00	22,932.00		
Blue Card PPO 80	921.00	11,052.00	2,118.00	25,416.00		
<i>Blue Card PPO 90</i>	<i>1,015.00</i>	<i>12,180.00</i>	<i>2,335.00</i>	<i>28,020.00</i>		
High Deductible plans						
Anthem CDHP 15 Plan	835.00	10,020.00	1,921.00	23,052.00		
Anthem CDHP 20 Plan	744.00	8,928.00	1,711.00	20,532.00		
Anthem CHDP 40 Plan	673.00	8,076.00	1,548.00	18,576.00		
Dental Plans:						
Plan	Single – annual cost	Family or employee +1 – annual cost				
Preventative Dental	\$468	\$1,080				
Basic Dental PPO	\$684	\$1,572				
Dental and Orthodontia PPO	\$876	\$2,016				