|  |  |  |
| --- | --- | --- |
| **SINGLE** | **PLUS 1** | **FAMILY** |

**The amounts listed below are gross earnings subject to taxes**.

**Your monthly income can increase or decrease based on plan selected.**

**Blue Shield PPO**

**No Rebate Offered**

**Blue Shield PPO**

**No Rebate Offered**

**Blue Shield PPO**

**No Rebate Offered**

**Blue Shield HMO Access**

**$1,953 Annual**

**$162.75 12 months/$177.55 11 months**

**Blue Shield HMO Access**

**$1,314 Annual**

**$109.50 12 months/$119.45 11 months**

**Blue Shield HMO Access**

**$612 Annual**

**$51.00 12 months/$55.64 11 months**

**Anthem Blue Cross**

**$765 Annual**

**$63.75 12 months/$69.55 11 months**

**Anthem Blue Cross**

**$2,178 Annual**

**$181.50 12 months/$198.00 11 months**

**Anthem Blue Cross**

**$1,530 Annual**

**$127.50 12 months/$139.09 11 months**

**Blue Shield HMO Trio**

**$1,395 Annual**

**$116.25 12 months/$126.82 11 months**

**Blue Shield HMO Trio**

**$4,185 Annual**

**$348.75 12 months/$380.45 11 months**

**Blue Shield HMO Trio**

**$2,880 Annual**

**$240.00 12 months/$261.82 11 months**

**Kaiser**

**$3,420 Annual**

**$285.00 12 months/$310.90 11 months**

**Kaiser**

**$1,755 Annual**

**$146.25 12 months/$159.55 11 months**

**Kaiser**

**$4,770 Annual**

**$397.50 12 months/$433.64 11 months**

**Blue Shield HSA**

**$5,391 Annual**

**$449.25 12 months/$490.09 11 months**

**Blue Shield HSA**

**$2,736 Annual**

**$228 12 months/$248.73 11 months**

**Blue Shield HSA**

**$7,605 Annual**

**$633.75 12 months/$691.36 11 months**

**Blue Shield M-Plan**

**N/A**

**Blue Shield M-Plan**

**N/A**

**Blue Shield M-Plan**

**$3,123 Annual**

**$260.25 12 months/$283.91 11 months**