|  |  |  |
| --- | --- | --- |
| **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**

**$2,151 Annual**

**$179.25 12 months/$195.55 11 months**

**Blue Shield HMO Access**

**$1,449 Annual**

**$120.75 12 months/$131.73 11 months**

**Blue Shield HMO Access**

**$675 Annual**

**$56.25 12 months/$61.36 11 months**

**Anthem Blue Cross**

**$846 Annual**

**$70.50 12 months/$76.91 11 months**

**Anthem Blue Cross**

**$2,412 Annual**

**$201.00 12 months/$219.27 11 months**

**Anthem Blue Cross**

**$1,692 Annual**

**$141.00 12 months/$153.82 11 months**

**Blue Shield HMO Trio**

**$1,512 Annual**

**$126.00 12 months/$137.45 11 months**

**Blue Shield HMO Trio**

**$4,536 Annual**

**$378.00 12 months/$412.36 11 months**

**Blue Shield HMO Trio**

**$3,123 Annual**

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

**Kaiser**

**$3,213 Annual**

**$267.75 12 months/$292.09 11 months**

**Kaiser**

**$1,638 Annual**

**$136.50 12 months/$148.91 11 months**

**Kaiser**

**$4,500 Annual**

**$375.00 12 months/$409.09 11 months**

**Blue Shield HSA**

**$5,589 Annual**

**$465.75 12 months/$508.09 11 months**

**Blue Shield HSA**

**$2,826 Annual**

**$235.50 12 months/$256.91 11 months**

**Blue Shield HSA**

**$7,893 Annual**

**$657.75 12 months/$717.55 11 months**

**Blue Shield M-Plan**

**N/A**

**Blue Shield M-Plan**

**N/A**

**Blue Shield M-Plan**

**$3,330 Annual**

**$277.50 12 months/$302.73 11 months**