



# 2017 Benefit Rates

(Per Pay Period)

Anthem Blue Cross					Kaiser Medical Plan		
	Select	Full Access	PPO	HDP		HMO	HDP
Member Only	\$313.49	\$730.69	\$589.17	\$460.58	Member Only	\$245.04	\$191.29
Member + 1	\$626.89	\$1,461.35	\$1,178.32	\$921.12	Member + 1	\$490.08	\$382.58
Member + 2	\$887.01	\$2,067.84	\$1,667.33	\$1,303.40	Member + 2	\$693.47	\$541.34

	Delta DHMO Dental	Delta PPO Dental
Member Only	\$6.84	\$24.05
Member + 1	\$12.36	\$48.08
Member + 2	\$15.83	\$68.66

Vision Service Plan	
Member Only	\$4.45
Member + 1	\$10.28
Member + 2	\$13.93