2022/2023 Payroll Deductions

Medical

PLAN	Employee		Employee +1		Family		FLES**	
	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total
Quality First Select Access ANTHEM NAME: STATE BLUECARE PRIME TIERED POS	\$39.19	\$1,018.94	\$105.38	\$2,739.88	\$135.21	\$3,515.46	\$77.73	\$2,020.98
Primary Care Access ANTHEM NAME: STATE BLUECARE POINT OF ENROLLMENT PLUS (POE-G PLUS)	\$49.83	\$1,295.58	\$134.44	\$3,495.44	\$170.97	\$4,445.22	\$93.48	\$2,430.48
Standard Access ANTHEM NAME: STATE BLUECARE POINT OF ENROLLMENT (POE)	\$54.12	\$1,407.12	\$151.50	\$3,939.00	\$198.42	\$5,158.92	\$104.49	\$2,716.74
Expanded Access ANTHEM NAME: STATE BLUECARE POINT OF SERVICE (POS)	\$64.11	\$1,666.86	\$172.39	\$4,482.14	\$204.60	\$5,319.60	\$113.48	\$2,950.48
State Preferred POS*	\$112.20	\$2,917.20	\$327.68	\$8,519.68	\$385.15	\$10,013.90	\$224.66	\$5,841.16
Out-of-Area	\$67.79	\$1,762.54	\$210.18	\$5,464.68	\$245.86	\$6,392.36	\$119.62	\$3,110.12

^{*} Closed to new enrollment

^{**} The Family Less Employed Spouse (FLES) rate is available only when both spouses are enrolled in active coverage, eligible for health insurance, and enrolled in the same plan, along with at least 1 child. If you are enrolled in the FLES coverage level, both you and your spouse must enroll in order to participate in the Health Enhancement Program

2022/2023 Payroll Deductions

Dental

PLAN	Employee	Employee +1	Family	FLES**
Basic	\$0.00	\$11.20	\$11.20	\$5.74
Enhances	\$0.00	\$9.47	\$9.47	\$4.85
Cigna Dental Care DHMO	\$0.00	\$4.02	\$5.70	\$2.34
Total Care DHMO	\$0.00	\$5.01	\$5.70	\$2.93

^{**} The Family Less Employed Spouse (FLES) rate is available only when both spouses are enrolled in active coverage, eligible for health insurance, and enrolled in the same plan, along with at least one child. If you are enrolled in the FLES coverage level, both you and your spouse must enroll in order to participate in the Health Enhancement Program.

2022/2023 Payroll Deductions

Vision Rider

BENEFIT	IN-NETWORK	OUT-OF-NETWORK		
Materials Co-Pay	\$0	N/A		
Single Vision Lenses	Covered in Full	\$40 Allowance		
Bifocal Lenses	Covered in Full	\$65 Allowance		
Trifocal Lenses	Covered in Full	\$75 Allowance		
Lenticular Lenses	Covered in Full	\$100 Allowance		
Contact Lenses (Retail Allowance)				
Elective	\$360 Allowance	\$345 Allowance		
Therapeutic	Covered in Full	\$345 Allowance		
Frame (Retail Allowance)	\$175 Allowance	\$126 Allowance		