

2023/2024 Payroll Deductions

Active Employees

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	\$42.07	\$1,093.92	\$113.13	\$2,941.44	\$145.15	\$3,774.00	\$83.45	\$2,169.60
Primary Care Access ANTHEM NAME: STATE BLUECARE POINT OF ENROLLMENT PLUS (POE-G PLUS)	\$53.54	\$1,392.12	\$144.46	\$3,755.88	\$183.71	\$4,776.36	\$100.45	\$2,611.80
Standard Access ANTHEM NAME: STATE BLUECARE POINT OF ENROLLMENT (POE)	\$58.16	\$1,512.24	\$162.82	\$4,233.36	\$213.25	\$5,544.48	\$112.30	\$2,919.84
Expanded Access ANTHEM NAME: STATE BLUECARE POINT OF SERVICE (POS)	\$68.90	\$1,791.48	\$185.28	\$4,817.28	\$219.90	\$5,717.40	\$121.96	\$3,171.00
State Preferred POS*	\$120.98	\$3,145.44	\$353.31	\$9,186.12	\$415.28	\$10,797.24	\$242.23	\$6,298.08
Out-of-Area	\$73.09	\$1,900.44	\$226.62	\$5,892.24	\$265.09	\$6,892.44	\$128.98	\$3,353.40

* 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

2023/2024 Payroll Deductions

Active Employees

Dental

PLAN	Employee		Employee +1		Family		FLES**	
	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total
Basic	\$0.00	\$0.00	\$11.28	\$293.28	\$11.28	\$293.28	\$5.78	\$150.24
Enhanced	\$0.00	\$0.00	\$9.53	\$247.80	\$9.53	\$247.80	\$4.88	\$126.96
Cigna Dental Care DHMO	\$0.00	\$0.00	\$3.78	\$98.16	\$5.35	\$139.08	\$2.20	\$57.24
Total Care DHMO	\$0.00	\$0.00	\$4.71	\$122.52	\$6.67	\$173.52	\$2.75	\$71.40

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