Your Monthly Contributions

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE/DP*	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY*
KAISER HMO (CALIFORNIA EMPLOYEES)	$75.67	$416.82	$361.82	$781.95
ANTHEM SELECT HMO (CALIFORNIA EMPLOYEES)	$91.98	$415.37	$404.57	$863.99
ANTHEM CALIFORNIACARE HMO (CALIFORNIA EMPLOYEES)	$184.69	$1,176.21	$734.89	$1,838.19
ANTHEM PRUDENT BUYER PPO (CALIFORNIA EMPLOYEES)	$208.39	$512.87	$499.54	$1,066.81
ANTHEM PRUDENT BUYER PPO (OUT-OF-STATE EMPLOYEES)	$164.52	$512.87	$499.54	$1,066.81
ANTHEM BASE DENTAL PLAN	$30.28	$75.90	$70.62	$114.97
ANTHEM BUY-UP DENTAL PLAN	$42.65	$102.24	$95.34	$153.28
ANTHEM BLUE VIEW VISION	$3.61	$7.22	$7.94	$12.75

*If you are covering a Domestic Partner and or a child of your Domestic Partner, premiums for coverage are paid with after-tax deductions and imputed income.