

# County of San Luis Obispo

## Insurance Premiums

**Effective 01/01/2018**

### MEDICAL PLANS

Plan/Coverage Type	Monthly Premium	Plan/Coverage Type	Monthly Premium
<b>Anthem Care PPO</b>		<b>Anthem Choice PPO</b>	
Single	\$608.00	Single	\$584.00
Two Party	\$1,204.00	Two Party	\$1,154.00
Family	\$1,571.00	Family	\$1,504.00
<b>Anthem Select PPO</b>		<b>Anthem Safety PPO</b>	
Single	\$518.00	Single	\$607.00
Two Party	\$1,203.00	Two Party	\$1,203.00
Family	\$1,334.00	Family	\$1,669.00
<b>Anthem EPO</b>			
Single	\$719.00		
Two Party	\$1,431.00		
Family	\$1,868.00		

**Important Note:** Amounts shown are the total cost of the monthly premium and do not reflect the County Contribution of \$128 or \$139 a month for eligible retirees that enroll in medical insurance.

### DENTAL AND VISION PLANS

Plan/Coverage Type	Bi-Monthly Premium	Monthly Premium	Plan/Coverage Type	Bi-Monthly Premium	Monthly Premium
<b>Aetna Dental DMO</b>			<b>Delta Dental</b>		
Employee Only	\$15.94	\$31.88	Employee Only	\$25.12	\$50.24
Employee + 1	\$26.36	\$52.72	Employee + 1	\$42.70	\$85.40
Family	\$38.94	\$77.88	Family	\$65.30	\$130.60
<b>VSP Vision</b>					
Employee Only	\$4.77	\$9.54			
Employee + 1	\$7.27	\$14.54			
Family	\$11.76	\$23.52			