## TEMPORARY EMPLOYEES WHO DO NOT QUALIFY FOR STATE-SUBSIDIZED BENEFITS BI-WEEKLY PAYROLL DEDUCTIONS

MEDICAL OPTIONS	Employee Only	Employee + One	Family
Point-of-Enrollment –			
Gatekeeper Plans (POE-G)			
Anthem State BlueCare POE Plus	\$ 410.33	\$ 902.73	\$1,107.89
United Healthcare Oxford HMO	\$ 300.39	\$ 660.86	\$ 811.05
Point-of-Enrollment Plans (POE)			
Anthem State BlueCare	\$ 411.79	\$ 905.93	\$1,111.82
United Healthcare Oxford HMO Select	\$ 327.69	\$ 720.92	\$ 884.76
Point-of-Service Plans (POS)			
Anthem State BlueCare	\$ 425.27	\$ 935.60	\$1,148.23
United Healthcare Oxford Freedom Select	\$ 344.52	\$ 757.95	\$ 930.22
Anthem State Preferred*	\$ 612.99	\$1,348.56	\$1,655.05
<b>Out of Area Plans (OOA)</b> (non-CT residents only)			
Anthem Out of Area	\$ 590.77	\$1,299.69	\$1,595.06
United Healthcare Oxford Out of Area	\$ 366.50	\$ 806.31	\$ 989.56
DENTAL OPTIONS	Employee Only	Employee + One	Family
Basic	\$ 22.63	\$ 69.02	\$ 69.02
Enhanced	\$ 19.50	\$ 59.47	\$ 59.47
DHMO	\$ 13.40	\$ 29.49	\$ 36.19

(July 1, 2019 – June 30, 2020)

\* Closed to new enrollment.