

VCPFA Rates PY2020

Medical Plan		2019 Rate Before Flex	2020 Rate Before Flex	Difference 2019 to 2020	Percentage Increase 2019 to 2020	After Flex Jan 2020-June 2020 \$372/PP	After Flex Jul 2020-Dec 2020 \$432/PP
Type		(Bi-Weekly)	(Bi-Weekly)	(Bi-Weekly)	(Bi-Weekly)	(Bi-Weekly)	(Bi-Weekly)
Blue Shield Trio Low HMO (Narrow Network)	EE Only	\$213.88	\$231.49	\$17.61	8.23%	(\$140.51)	(\$200.51)
Blue Shield Trio Low HMO (Narrow Network)	EE + Family	\$518.12	\$551.56	\$33.44	6.45%	\$179.56	\$119.56
Blue Shield Full Low HMO	EE Only	\$251.96	\$271.55	\$19.59	7.78%	(\$100.45)	(\$160.45)
Blue Shield Full Low HMO	EE + Family	\$605.06	\$643.01	\$37.95	6.27%	\$271.01	\$211.01
Blue Shield Full High HMO	EE Only	\$309.46	\$332.04	\$22.58	7.30%	(\$39.96)	(\$99.96)
Blue Shield Full High HMO	EE + Family	\$736.73	\$781.53	\$44.80	6.08%	\$409.53	\$349.53
Blue Shield Full PPO	EE Only	\$340.71	\$378.33	\$37.62	11.04%	\$6.33	(\$53.67)
Blue Shield Full PPO	EE + Family	\$901.97	\$989.54	\$87.57	9.71%	\$617.54	\$557.54