

<u>Available Benefit Plans</u>	<u>Monthly Premium Rates</u>			<u>Employer Monthly Contribution</u>			<u>Employee Monthly Deduction</u>		
	1- Party	2-Party	Family	Employee Only	Employee Plus One	Employee Plus Family	Employee Only	Employee Plus One	Employee Plus Family
Anthem Blue Cross Select HMO \$15 Copay	\$1,015.81	\$2,031.62	\$2,641.11	\$414.11	\$603.02	\$759.58	\$601.70	\$1,428.60	\$1,881.53
Anthem Blue Cross Traditional HMO \$15 Copay	\$1,304.00	\$2,608.00	\$3,390.40	\$414.11	\$603.02	\$759.58	\$889.89	\$2,004.98	\$2,630.82
Health Net \$15 Copay HMO	\$1,153.00	\$2,306.00	\$2,997.80	\$414.11	\$603.02	\$759.58	\$738.89	\$1,702.98	\$2,238.22
Kaiser \$15 Copay HMO	\$857.06	\$1,714.12	\$2,228.36	\$414.11	\$603.02	\$759.58	\$442.95	\$1,111.10	\$1,468.78
Blue Shield Access+ HMO	\$1,116.01	\$2,232.02	\$2,901.63	\$414.11	\$603.02	\$759.58	\$701.90	\$1,629.00	\$2,142.05
PERS Platinum PPO (Previously PERS Choice & Care)	\$1,057.01	\$2,114.02	\$2,748.23	\$414.11	\$603.02	\$759.58	\$642.90	\$1,511.00	\$1,988.65
<u>PERS Gold (Select) PPO*</u> <u>Affordable Coverage Option</u>	\$701.23	\$1,402.46	\$1,823.20	\$414.11	\$603.02	\$759.58	<u>\$287.12</u>	\$799.44	\$1,063.62
Delta Dental PPO	\$82.70	\$148.80	\$213.60	\$0.00	\$0.00	\$0.00	\$82.70	\$148.80	\$213.60
Vision Service Plan (VSP)	\$28.55	\$28.55	\$28.55	\$0.00	\$0.00	\$0.00	\$28.55	\$28.55	\$28.55
Cash Out Stipend	\$305.00	<u>ALL medical plans meet the Minimum Essential Coverage and Minimum Value (MEC, MEV) requirements as set by ACA regulations</u>							

IMPORTANT INFORMATION: Regarding the Patient Protection and Affordable Care Act (ACA)

***PERS Gold PPO meets the ACA affordability calculation for employees working Full-Time as defined under ACA as 30 or more hours per week (85.71% FTE)**