

<u>Available Benefit Plans</u>	<u>Monthly Premium Rates</u>			<u>Employer Monthly Contribution</u>			<u>Employee Monthly Deduction</u>		
	Single	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	\$317.14	\$445.71	\$488.57	\$698.67	\$1,585.91	\$2,152.54
Anthem Blue Cross Traditional HMO \$15 Copay	\$1,304.00	\$2,608.00	\$3,390.40	\$317.14	\$445.71	\$488.57	\$986.86	\$2,162.29	\$2,901.83
Health Net \$15 Copay HMO	\$1,153.00	\$2,306.00	\$2,997.80	\$317.14	\$445.71	\$488.57	\$835.86	\$1,860.29	\$2,509.23
Kaiser \$15 Copay HMO	\$857.06	\$1,714.12	\$2,228.36	\$317.14	\$445.71	\$488.57	\$539.92	\$1,268.41	\$1,739.79
Blue Shield Access+ HMO	\$1,116.01	\$2,232.02	\$2,901.63	\$317.14	\$445.71	\$488.57	\$798.87	\$1,786.31	\$2,413.06
PERS Platinum PPO (Previously PERS Choice & Care)	\$1,057.01	\$2,114.02	\$2,748.23	\$317.14	\$445.71	\$488.57	\$739.87	\$1,668.31	\$2,259.66
<u>PERS Gold (Select) PPO*</u> <u>Affordable Coverage Option</u>	\$701.23	\$1,402.46	\$1,823.20	\$317.14	\$445.71	\$488.57	<u>\$384.09</u>	\$956.75	\$1,334.63
Delta Dental PPO	\$63.90	\$129.80	\$186.70	\$54.77	\$111.26	\$160.03	\$9.13	\$18.54	\$26.67
Vision Service Plan (VSP)	\$28.55	\$28.55	\$28.55	\$24.47	\$24.47	\$24.47	\$4.08	\$4.08	\$4.08
Cash Out Stipend	\$261.43	<u>ALL medical plans</u> meet the Minimum Essential Coverage and Minimum Value (MEC, MEV) requirements as set by ACA regulations							

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

***PERS Select PPO meets the ACA affordability calculation for employees working 30 or more hours per week with a monthly salary of \$3,716.24 per month or more.**