

<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	\$370.00	\$520.00	\$570.00	\$645.81	\$1,511.62	\$2,071.11
Anthem Blue Cross Traditional HMO \$15 Copay	\$1,304.00	\$2,608.00	\$3,390.40	\$370.00	\$520.00	\$570.00	\$934.00	\$2,088.00	\$2,820.40
Health Net \$15 Copay HMO	\$1,153.00	\$2,306.00	\$2,997.80	\$370.00	\$520.00	\$570.00	\$783.00	\$1,786.00	\$2,427.80
Kaiser \$15 Copay HMO	\$857.06	\$1,714.12	\$2,228.36	\$370.00	\$520.00	\$570.00	\$487.06	\$1,194.12	\$1,658.36
Blue Shield Access+ HMO	\$1,116.01	\$2,232.02	\$2,901.63	\$370.00	\$520.00	\$570.00	\$746.01	\$1,712.02	\$2,331.63
PERS Platinum PPO (Previously PERS Choice & Care)	\$1,057.01	\$2,114.02	\$2,748.23	\$370.00	\$520.00	\$570.00	\$687.01	\$1,594.02	\$2,178.23
<u>PERS Gold (Select) PPO*</u> <u>Affordable Coverage Option</u>	\$701.23	\$1,402.46	\$1,823.20	\$370.00	\$520.00	\$570.00	<u>\$331.23</u>	\$882.46	\$1,253.20
Delta Dental PPO	\$63.90	\$114.80	\$164.60	\$63.90	\$114.80	\$164.60	\$0.00	\$0.00	\$0.00
Vision Service Plan (VSP)	\$28.55	\$28.55	\$28.55	\$28.55	\$28.55	\$28.55	\$0.00	\$0.00	\$0.00
Cash Out Stipend	\$305.00	<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 Gold PPO meets the ACA affordability calculation for employees working Full-Time as defined under ACA as 30 or more hours per week.**