

<u>Available Benefit Plans</u>	<u>Monthly Cost of Plan</u>			<u>Employer Contribution</u>			<u>Employee Monthly Cost</u>		
	Employee Only	Employee + 1 Dependent	Employee + Family (2+)	Employee Only	Employee + 1 Dependent	Employee + Family (2+)	Employee Only	Employee + 1 Dependent	Employee + Family (2+)
Anthem Blue Cross Select HMO \$15 Copay	\$1,128.83	\$2,257.66	\$2,934.96	\$370.00	\$520.00	\$570.00	\$758.83	\$1,737.66	\$2,364.96
Anthem Blue Cross Traditional HMO \$15 Copay	\$1,210.71	\$2,421.42	\$3,147.85	\$370.00	\$520.00	\$570.00	\$840.71	\$1,901.42	\$2,577.85
Health Net HMO \$15 Copay	\$1,174.50	\$2,349.00	\$3,053.70	\$370.00	\$520.00	\$570.00	\$804.50	\$1,829.00	\$2,483.70
Kaiser Permanente HMO \$15 Copay	\$913.74	\$1,827.48	\$2,375.72	\$370.00	\$520.00	\$570.00	\$543.74	\$1,307.48	\$1,805.72
Blue Shield Access+ HMO	\$1,035.21	\$2,070.42	\$2,691.55	\$370.00	\$520.00	\$570.00	\$665.21	\$1,550.42	\$2,121.55
PERS Platinum PPO	\$1,200.12	\$2,400.24	\$3,120.31	\$370.00	\$520.00	\$570.00	\$830.12	\$1,880.24	\$2,550.31
<u>PERS Gold PPO*</u> <u>Affordable Coverage Option</u>	\$825.61	\$1,651.22	\$2,146.59	\$370.00	\$520.00	\$570.00	<u>\$455.61</u>	\$1,131.22	\$1,576.59
Delta Dental PPO	\$63.90	\$114.80	\$164.60	\$63.90	\$63.90	\$63.90	\$0.00	\$50.90	\$100.70
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</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.**