

<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	\$317.13	\$445.69	\$488.55	\$811.70	\$1,811.97	\$2,446.41
Anthem Blue Cross Traditional HMO \$15 Copay	\$1,210.71	\$2,421.42	\$3,147.85	\$317.13	\$445.69	\$488.55	\$893.58	\$1,975.73	\$2,659.30
Health Net HMO \$15 Copay	\$1,174.50	\$2,349.00	\$3,053.70	\$317.13	\$445.69	\$488.55	\$857.37	\$1,903.31	\$2,565.15
Kaiser Permanente HMO \$15 Copay	\$913.74	\$1,827.48	\$2,375.72	\$317.13	\$445.69	\$488.55	\$596.61	\$1,381.79	\$1,887.17
Blue Shield Access+ HMO	\$1,035.21	\$2,070.42	\$2,691.55	\$317.13	\$445.69	\$488.55	\$718.08	\$1,624.73	\$2,203.00
PERS Platinum PPO	\$1,200.12	\$2,400.24	\$3,120.31	\$317.13	\$445.69	\$488.55	\$882.99	\$1,954.55	\$2,631.76
<u>PERS Gold PPO*</u> <u>Affordable Coverage Option</u>	\$825.61	\$1,651.22	\$2,146.59	\$317.13	\$445.69	\$488.55	<u>\$508.48</u>	\$1,205.53	\$1,658.04
Delta Dental PPO	\$63.90	\$129.80	\$186.70	\$54.77	\$111.25	\$160.02	\$9.13	\$18.55	\$26.68
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	\$261.42	<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)