

<b><u>Available Benefit Plans</u></b>	<b><u>Monthly Cost of Plan</u></b>			<b><u>Employer Contribution</u></b>			<b><u>Employee Monthly Cost</u></b>		
	<b>Employee Only</b>	<b>Employee + 1 Dependent</b>	<b>Employee + Family (2+)</b>	<b>Employee Only</b>	<b>Employee + 1 Dependent</b>	<b>Employee + Family (2+)</b>	<b>Employee Only</b>	<b>Employee + 1 Dependent</b>	<b>Employee + Family (2+)</b>
<b>Anthem Blue Cross Select HMO \$15 Copay</b>	\$1,128.83	\$2,257.66	\$2,934.96	\$370.00	\$520.00	\$570.00	\$758.83	\$1,737.66	\$2,364.96
<b>Anthem Blue Cross Traditional HMO \$15 Copay</b>	\$1,210.71	\$2,421.42	\$3,147.85	\$370.00	\$520.00	\$570.00	\$840.71	\$1,901.42	\$2,577.85
<b>Health Net HMO \$15 Copay</b>	\$1,174.50	\$2,349.00	\$3,053.70	\$370.00	\$520.00	\$570.00	\$804.50	\$1,829.00	\$2,483.70
<b>Kaiser Permanente HMO \$15 Copay</b>	\$913.74	\$1,827.48	\$2,375.72	\$370.00	\$520.00	\$570.00	\$543.74	\$1,307.48	\$1,805.72
<b>Blue Shield Access+ HMO</b>	\$1,035.21	\$2,070.42	\$2,691.55	\$370.00	\$520.00	\$570.00	\$665.21	\$1,550.42	\$2,121.55
<b>PERS Platinum PPO</b>	\$1,200.12	\$2,400.24	\$3,120.31	\$370.00	\$520.00	\$570.00	\$830.12	\$1,880.24	\$2,550.31
<b><u>PERS Gold PPO*</u></b> <b><u>Affordable Coverage Option</u></b>	\$825.61	\$1,651.22	\$2,146.59	\$370.00	\$520.00	\$570.00	<b><u>\$455.61</u></b>	\$1,131.22	\$1,576.59
<b>Delta Dental PPO</b>	\$63.90	\$114.80	\$164.60	\$63.90	\$114.80	\$164.60	\$0.00	\$0.00	\$0.00
<b>Vision Service Plan (VSP)</b>	\$28.55	\$28.55	\$28.55	\$28.55	\$28.55	\$28.55	\$0.00	\$0.00	\$0.00
<b>Cash Out Stipend</b>	\$305.00	<b><u>ALL medical plans</u> meet the Minimum Essential Coverage and Minimum Value (MEC, MEV) requirements as set by ACA regulations</b>							

**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.**