

<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	\$514.11	\$703.02	\$859.58	\$614.72	\$1,554.64	\$2,075.38
Anthem Blue Cross Traditional HMO \$15 Copay	\$1,210.71	\$2,421.42	\$3,147.85	\$514.11	\$703.02	\$859.58	\$696.60	\$1,718.40	\$2,288.27
Health Net HMO \$15 Copay	\$1,174.50	\$2,349.00	\$3,053.70	\$514.11	\$703.02	\$859.58	\$660.39	\$1,645.98	\$2,194.12
Kaiser Permanente HMO \$15 Copay	\$913.74	\$1,827.48	\$2,375.72	\$514.11	\$703.02	\$859.58	\$399.63	\$1,124.46	\$1,516.14
Blue Shield Access+ HMO	\$1,035.21	\$2,070.42	\$2,691.55	\$514.11	\$703.02	\$859.58	\$521.10	\$1,367.40	\$1,831.97
PERS Platinum PPO	\$1,200.12	\$2,400.24	\$3,120.31	\$514.11	\$703.02	\$859.58	\$686.01	\$1,697.22	\$2,260.73
<u>PERS Gold PPO*</u> <i><u>Affordable Coverage Option</u></i>	\$825.61	\$1,651.22	\$2,146.59	\$514.11	\$703.02	\$859.58	<u>\$311.50</u>	\$948.20	\$1,287.01
Delta Dental PPO	\$82.70	\$148.80	\$213.60	\$0.00	\$0.00	\$0.00	\$82.70	\$148.80	\$213.60
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 (85.7% FTE) earning \$67,784 per year