

<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	\$1,138.86	\$2,277.72	\$2,961.04	\$514.11	\$703.02	\$859.58	\$624.75	\$1,574.70	\$2,101.46
Anthem Blue Cross Traditional HMO \$15 Copay	\$1,339.70	\$2,679.40	\$3,483.22	\$514.11	\$703.02	\$859.58	\$825.59	\$1,976.38	\$2,623.64
United Healthcare HMO \$15 Copay	\$1,091.13	\$2,182.26	\$2,836.94	\$514.11	\$703.02	\$859.58	\$577.02	\$1,479.24	\$1,977.36
Kaiser Permanente HMO \$15 Copay	\$1,021.41	\$2,042.82	\$2,655.67	\$514.11	\$703.02	\$859.58	\$507.30	\$1,339.80	\$1,796.09
Blue Shield Access+ HMO	\$1,076.84	\$2,153.68	\$2,799.78	\$514.11	\$703.02	\$859.58	\$562.73	\$1,450.66	\$1,940.20
PERS Platinum PPO	\$1,314.27	\$2,628.54	\$3,417.10	\$514.11	\$703.02	\$859.58	\$800.16	\$1,925.52	\$2,557.52
<u>PERS Gold PPO*</u> <u>Affordable Coverage Option</u>	\$914.82	\$1,829.64	\$2,378.53	\$514.11	\$703.02	\$859.58	<u>\$400.71</u>	\$1,126.62	\$1,518.95
Delta Dental PPO +Premier	\$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-in-Lieu of Medical Coverage 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 \$67,828 or more per year**