

<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>	\$1,138.86	\$2,277.72	\$2,961.04	\$317.14	\$445.71	\$488.57	\$821.72	\$1,832.01	\$2,472.47
<b>Anthem Blue Cross Traditional HMO \$15 Copay</b>	\$1,339.70	\$2,679.40	\$3,483.22	\$317.14	\$445.71	\$488.57	\$1,022.56	\$2,233.69	\$2,994.65
<b>United Healthcare HMO \$15 Copay</b>	\$1,091.13	\$2,182.26	\$2,836.94	\$317.14	\$445.71	\$488.57	\$773.99	\$1,736.55	\$2,348.37
<b>Kaiser Permanente HMO \$15 Copay</b>	\$1,021.41	\$2,042.82	\$2,655.67	\$317.14	\$445.71	\$488.57	\$704.27	\$1,597.11	\$2,167.10
<b>Blue Shield Access+ HMO</b>	\$1,076.84	\$2,153.68	\$2,799.78	\$317.14	\$445.71	\$488.57	\$759.70	\$1,707.97	\$2,311.21
<b>PERS Platinum PPO</b>	\$1,314.27	\$2,628.54	\$3,417.10	\$317.14	\$445.71	\$488.57	\$997.13	\$2,182.83	\$2,928.53
<b>PERS Gold PPO</b>	\$914.82	\$1,829.64	\$2,378.53	\$317.14	\$445.71	\$488.57	\$597.68	\$1,383.93	\$1,889.96
<b>Delta Dental PPO +Premier</b>	\$63.90	\$129.80	\$186.70	\$54.77	\$111.26	\$160.03	\$9.13	\$18.54	\$26.67
<b>Vision Service Plan (VSP)</b>	\$28.55	\$28.55	\$28.55	\$24.47	\$24.47	\$24.47	\$4.08	\$4.08	\$4.08
<b>Cash-in-Lieu of Medical Coverage Stipend</b>	\$261.43								

**ALL medical plans meet the Minimum Essential Coverage and Minimum Value requirements as set by ACA regulations**