

CSEA 27 & 860 Full Time

Effective January 1, 2024 - December 31, 2024

Full Time, 5 days per week, 12 months per year

<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	\$370.00	\$520.00	\$570.00	\$768.86	\$1,757.72	\$2,391.04
Anthem Blue Cross Traditional HMO \$15 Copay	\$1,339.70	\$2,679.40	\$3,483.22	\$370.00	\$520.00	\$570.00	\$969.70	\$2,159.40	\$2,913.22
United Healthcare HMO \$15 Copay	\$1,091.13	\$2,182.26	\$2,836.94	\$370.00	\$520.00	\$570.00	\$721.13	\$1,662.26	\$2,266.94
Kaiser Permanente HMO \$15 Copay	\$1,021.41	\$2,042.82	\$2,655.67	\$370.00	\$520.00	\$570.00	\$651.41	\$1,522.82	\$2,085.67
Blue Shield Access+ HMO	\$1,076.84	\$2,153.68	\$2,799.78	\$370.00	\$520.00	\$570.00	\$706.84	\$1,633.68	\$2,229.78
PERS Platinum PPO	\$1,314.27	\$2,628.54	\$3,417.10	\$370.00	\$520.00	\$570.00	\$944.27	\$2,108.54	\$2,847.10
PERS Gold PPO	\$914.82	\$1,829.64	\$2,378.53	\$370.00	\$520.00	\$570.00	\$544.82	\$1,309.64	\$1,808.53
Delta Dental PPO +Premier	\$63.90	\$114.80	\$164.60	\$63.90	\$114.80	\$164.60	\$0.00	\$0.00	\$0.00
Vision Service Plan (VSP)	\$28.55	\$28.55	\$28.55	\$28.55	\$28.55	\$28.55	\$0.00	\$0.00	\$0.00
Cash-in-Lieu of Medical Coverage Stipend	\$305.00								

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