

| <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> |                        |                        |
|------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------|------------------------|------------------------|-------------------------------------|------------------------|------------------------|
|                                          | 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             | \$1,486.44                         | \$2,972.88                                                                                                                              | \$3,864.74             | \$1,500.00                          | \$1,700.00             | \$1,700.00             | \$0.00                              | \$1,272.88             | \$2,164.74             |
| Anthem Blue Cross Traditional HMO        | \$1,732.52                         | \$3,465.04                                                                                                                              | \$4,504.55             | \$1,500.00                          | \$1,700.00             | \$1,700.00             | \$232.52                            | \$1,765.04             | \$2,804.55             |
| Blue Shield Access+ HMO                  | \$1,479.12                         | \$2,958.24                                                                                                                              | \$3,845.71             | \$1,500.00                          | \$1,700.00             | \$1,700.00             | \$0.00                              | \$1,258.24             | \$2,145.71             |
| Kaiser Permanente HMO                    | \$1,187.63                         | \$2,375.26                                                                                                                              | \$3,087.84             | \$1,500.00                          | \$1,700.00             | \$1,700.00             | \$0.00                              | \$675.26               | \$1,387.84             |
| Sutter Health HMO *                      | \$1,130.67                         | \$2,261.34                                                                                                                              | \$2,939.74             | \$1,500.00                          | \$1,700.00             | \$1,700.00             | \$0.00                              | \$561.34               | \$1,239.74             |
| Western Health Advantage HMO*            | \$1,030.80                         | \$2,061.60                                                                                                                              | \$2,680.08             | \$1,500.00                          | \$1,700.00             | \$1,700.00             | \$0.00                              | \$361.60               | \$980.08               |
| PERS Gold PPO                            | \$1,215.17                         | \$2,430.34                                                                                                                              | \$3,159.44             | \$1,500.00                          | \$1,700.00             | \$1,700.00             | \$0.00                              | \$730.34               | \$1,459.44             |
| PERS Platinum PPO (Nationwide)           | \$1,778.62                         | \$3,557.24                                                                                                                              | \$4,624.41             | \$1,500.00                          | \$1,700.00             | \$1,700.00             | \$278.62                            | \$1,857.24             | \$2,924.41             |
| Delta Dental PPO +Premier                | \$63.90                            | \$114.80                                                                                                                                | \$164.60               | \$63.90                             | \$63.90                | \$63.90                | 0.00                                | \$50.90                | \$100.70               |
| 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                           | <b><u>ALL medical plans</u> meet the Minimum Essential Coverage and Minimum Value (MEC, MEV) requirements as set by ACA regulations</b> |                        |                                     |                        |                        |                                     |                        |                        |

**\* Sutter Health & Western Health Advantage are not available if you reside in Alameda County.**

Check plan availability before changing medical carriers using this website: [Health Plan Search by ZIP Code](#)