							(24 pp)
Plan Name	Deductible	Out of Pocket Maximum	Co-ins.	Total Monthly Premium	County Monthly Contribution	Employee Monthly Contribution	Employee Bi-weekly Contribution
PPO 1500	EE/Family	EE/Family	80/20				
Single Employee	1500/3000	5000/10000	\$45 copay	\$1,092.50	\$857.75	\$234.75	\$117.38
Employee + 1	1000/0000	0000/10000	φie copuy	\$2,183.50	\$1,700.75	\$482.75	\$241.38
Family				\$3,089.50	\$2,374.75	\$714.75	\$357.38
PPO 1000			80/20	\$0,000,000	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	• •••••	<i>v</i> oorroo
Single Employee	1000/2000	4000/8000	\$45 copay	\$1,118.50	\$857.75	\$260.75	\$130.38
Employee + 1			+	\$2,228.50	\$1,700.75	\$527.75	\$263.88
Family				\$3,155.50	\$2,374.75	\$780.75	\$390.38
PPO 500			80/20	+-,	· · · · · · · · · · · · · · · · · · ·	.	
Single Employee	500/1000	3000/6000	\$35 copay	\$1,360.50	\$857.75	\$502.75	\$251.38
Employee + 1			· · · · · · · · · · · · · · · · · · ·	\$2,719.50	\$1,700.75	\$1,018.75	\$509.38
Family				\$3,850.50	\$2,374.75	\$1,475.75	\$737.88
KAISER HIGH			\$10 copay				· ·
Single Employee	0	1500/3000	· · ·	\$1,371.50	\$857.75	\$513.75	\$256.88
Employee + 1				\$2,743.50	\$1,700.75	\$1,042.75	\$521.38
Family				\$3,879.50	\$2,374.75	\$1,504.75	\$752.38
KAISER LOW			\$20 copay				
Single Employee	0	1500/3000		\$1,288.50	\$857.75	\$430.75	\$215.38
Employee + 1				\$2,583.50	\$1,700.75	\$882.75	\$441.38
Family				\$3,650.50	\$2,374.75	\$1,275.75	\$637.88
PPO 3300 (HDHP)							
Single Employee	3300/6600	3300/6600		\$779.50	\$779.50	\$0.00	\$0.00
Employee + 1				\$1,552.50	\$1,552.50	\$0.00	\$0.00
Family				\$2,191.50	\$2,191.50	\$0.00	\$0.00