| YCCD Management | | | |
|--|-----------------------|--------------------------------|----------------------------------|
| Plan Name | Monthly Premium | YCCD Monthly Contribution | Employee Monthly Contribution |
| | PPO Plan | | |
| Premier Plus Plan | \$2,622.00 | \$2,222.00 | \$401.45 |
| Premier Plan | \$2,222.00 | \$2,222.00 | \$0.00 |
| Standard Plan | \$1,852.00 | \$1,852.00 | \$0.00 |
| Basic Plan | \$1,595.00 | \$1,594.00 | \$0.00 |
| High Deductible Plan | \$1,129.00 | \$1,129.49 | \$0.00 |
| | НМО | | |
| Kaiser High \$10 OV Copay Plan | \$2,805.00 | \$2,222.00 | \$583.00 |
| Kaiser Low \$20 OV Copay Plan | \$2,638.00 | \$2,222.00 | \$416.00 |
| Kaiser \$3,000 Virtual Complete Plan | \$1,808.00 | \$1,808.00 | \$0.00 |
| Kaiser \$1,800 High Deductible Plan | | | |
| (HAS Qualified HMO) | \$2,050.00 | \$2,050.00 | \$0.00 |
| | HSA or 403(b) Contrib | utions* | |
| Standard Plan | \$277.49 | \$277.49 | \$0.00 |
| Basic Plan | \$470.35 | \$470.35 | \$0.00 |
| High Deductible Plan | \$819.45 | \$819.45 | \$0.00 |
| Kaiser Virtual Complete | \$310.50 | \$310.50 | \$0.00 |
| Kaiser HDPD | \$129.00 | \$129.00 | \$0.00 |
| *Flexible Benefit Options: Please refer to the | = | rmation on flexible benefit op | tions. |
| Dental/Vision | | | |
| Dental - D2B | \$127.00 | \$127.00 | \$0.00 |
| Vision - Plan C | \$29.00 | \$29.00 | \$0.00 |