

## Medical

### Kaiser Base Plan

Deductible: \$750 Individual/\$2,250 Family  
 Out of Pocket Maximum: \$3,000 Individual/\$9000 Family

	Employee Cost Per Month	CU Cost Per Month
EE Only	\$47	\$422
EE + Spouse / DP	\$164	\$773
EE + Child(ren)	\$141	\$703
Family	\$281	\$1,124

## Medical

### Kaiser High Value Plan

Deductible: \$250 Individual/\$750 Family  
 Out of Pocket Maximum: \$2,250 Individual/\$6,750 Family  
 NEW: Access to Alternative Care Provider Network

	Employee Cost Per Month	CU Cost Per Month
EE Only	\$101	\$422
EE + Spouse / DP	\$272	\$773
EE + Child(ren)	\$237	\$703
Family	\$443	\$1,124

## Dental

### Kaiser Base Plan

Annual Maximum Benefit: \$1500  
 Preventative Services: no charge

	Employee Cost Per Month	CU Cost Per Month
EE Only	\$26	\$26
EE + Spouse / DP	\$47	\$58
EE + Child(ren)	\$43	\$51
Family	\$68	\$89

## Dental

### Kaiser High Value Plan

Annual Maximum Benefit: NONE  
 Preventative Services: no charge

	Employee Cost Per Month	CU Cost Per Month
EE Only	\$30	\$26
EE + Spouse / DP	\$55	\$58
EE + Child(ren)	\$50	\$51
Family	\$79	\$89

# Medical

## Added Choice

Deductible: Tier \$500 Individual/ \$1,500 Family; Tier 2 \$1,000/\$3,000 Family

Out of Pocket Maximum: \$2,000 Individual/\$6,000 Family; Tier 2 \$4,000 Individual/\$12,000 Family

NEW: Access to Alternative Care Provider Network

	Employee Cost Per Month	CU Cost Per Month
EE Only	\$187	\$422
EE + Spouse / DP	\$445	\$773
EE + Child(ren)	\$393	\$703
Family	\$702	\$1,124

# Dental

## Added Choice

Annual Maximum Benefit: \$1500

Preventative Services: no charge

	Employee Cost Per Month	CU Cost Per Month
EE Only	\$35	\$26
EE + Spouse / DP	\$66	\$58
EE + Child(ren)	\$60	\$51
Family	\$96	\$89