



**Summary of Foundation Health Plan Cost  
Active Employees for Plan Year 2021**

<b>Kaiser</b>	<b>Monthly Premium</b>	<b>Employer Contribution</b>	<b>Your Monthly Cost</b>
Single	\$558.00	\$502.20	<b>\$55.80</b>
Two-Party	\$1,100.00	\$990.00	<b>\$110.00</b>
Family	\$1,424.00	\$1,281.60	<b>\$142.40</b>

<b>Anthem HMO 20</b>	<b>Monthly Premium</b>	<b>Employer Contribution</b>	<b>Your Monthly Cost</b>
Single	\$692.00	\$622.80	<b>\$69.20</b>
Two-Party	\$1384.00	\$1,245.60	<b>\$138.40</b>
Family	\$1959.00	\$1,763.10	<b>\$195.90</b>

<b>Anthem HMO Select 15</b>	<b>Monthly Premium</b>	<b>Employer Contribution</b>	<b>Your Monthly Cost</b>
Single	\$630.00	\$567.00	<b>\$63.00</b>
Two-Party	\$1,259.00	\$1,133.10	<b>\$125.90</b>
Family	\$1,782.00	\$1,603.80	<b>\$178.20</b>

<b>Anthem PPO</b>	<b>Monthly Premium</b>	<b>Employer Contribution</b>	<b>Your Monthly Cost</b>
Single	\$864.00	\$691.20	<b>\$172.80</b>
Two-Party	\$1,730.00	\$1,211.00	<b>\$519.00</b>
Family	\$2,448.00	\$1,591.20	<b>\$856.80</b>

\*Monthly medical costs are collected on a bi-weekly basis (twice a month). In the event there are three pay periods in a month, benefit deductions will only be collected from two of the three pay periods.