



**Summary of Foundation Health Plan Cost**  
**Active Employees for Plan Year 2023**

<b>Kaiser</b>	<b>Monthly Premium</b>	<b>Employer Contribution</b>	<b>Your Monthly Cost</b>
Single	\$558.00	\$502.20	\$55.80
Two-Party	\$1,101.00	\$990.90	\$110.10
Family	\$1,425.00	\$1,282.50	\$142.50

<b>Anthem HMO 20</b>	<b>Monthly Premium</b>	<b>Employer Contribution</b>	<b>Your Monthly Cost</b>
Single	\$692.00	\$622.80	\$69.20
Two-Party	\$1384.00	\$1245.60	\$138.40
Family	\$1960.00	\$1764.00	\$196.00

<b>Anthem HMO Select 15</b>	<b>Monthly Premium</b>	<b>Employer Contribution</b>	<b>Your Monthly Cost</b>
Single	\$630.00	\$567.00	\$63.00
Two-Party	\$1,259.00	\$1133.10	\$125.90
Family	\$1,783.00	\$1604.70	\$178.30

<b>Anthem PPO</b>	<b>Monthly Premium</b>	<b>Employer Contribution</b>	<b>Your Monthly Cost</b>
Single	\$864.00	\$777.60	\$86.40
Two-Party	\$1,731.00	\$1557.90	\$173.10
Family	\$2,449.00	\$2204.10	\$244.90

\*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.