



2022 MONTHLY MEDICAL CONTRIBUTION RATES REGION 1

Cañada College • College of San Mateo • Skyline College

Note: other plans may be available per your zip code

2022				ACADEMICS SUPS / ADMINISTRATORS		AFT (Full-Time Faculty)		AFSCME (Facilities)		CSEA (Classified)		CLASSIFIED PROF/SUPS CONFIDENTIAL		CLASSIFIED EXEMPT SUPS		TRUSTEES	
Plan Name	Coverage Level	Premium	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	
HMO PLANS																	
Anthem Blue Cross Traditional HMO	Single	\$ 1,304.00	\$ 889.00	\$ 415.00	\$ 875.00	\$ 429.00	\$ 864.00	\$ 440.00	\$ 880.00	\$ 424.00	\$ 925.00	\$ 379.00	\$ 889.00	\$ 415.00	\$ 789.00	\$ 515.00	
	2-Party	\$ 2,608.00	\$ 1,462.00	\$ 1,146.00	\$ 1,444.97	\$ 1,163.03	\$ 1,678.00	\$ 930.00	\$ 1,497.00	\$ 1,111.00	\$ 1,632.00	\$ 976.00	\$ 1,537.00	\$ 1,071.00	\$ 1,312.00	\$ 1,296.00	
	Family	\$ 3,390.40	\$ 1,969.00	\$ 1,421.40	\$ 1,878.41	\$ 1,511.99	\$ 2,166.00	\$ 1,224.40	\$ 1,939.39	\$ 1,451.01	\$ 2,184.00	\$ 1,206.40	\$ 2,067.00	\$ 1,323.40	\$ 1,717.00	\$ 1,673.40	
Anthem Blue Cross Select HMO	Single	\$ 1,015.81	\$ 889.00	\$ 126.81	\$ 875.00	\$ 140.81	\$ 864.00	\$ 151.81	\$ 880.00	\$ 135.81	\$ 925.00	\$ 90.81	\$ 889.00	\$ 126.81	\$ 789.00	\$ 226.81	
<i>Limited Network</i>	2-Party	\$ 2,031.62	\$ 1,462.00	\$ 569.62	\$ 1,444.97	\$ 586.65	\$ 1,678.00	\$ 353.62	\$ 1,497.00	\$ 534.62	\$ 1,632.00	\$ 399.62	\$ 1,537.00	\$ 494.62	\$ 1,312.00	\$ 719.62	
<i>Not available in San Mateo County</i>	Family	\$ 2,641.11	\$ 1,969.00	\$ 672.11	\$ 1,878.41	\$ 762.70	\$ 2,166.00	\$ 475.11	\$ 1,939.39	\$ 701.72	\$ 2,184.00	\$ 457.11	\$ 2,067.00	\$ 574.11	\$ 1,717.00	\$ 924.11	
Blue Shield Access+	Single	\$ 1,116.01	\$ 889.00	\$ 227.01	\$ 875.00	\$ 241.01	\$ 864.00	\$ 252.01	\$ 880.00	\$ 236.01	\$ 925.00	\$ 191.01	\$ 889.00	\$ 227.01	\$ 789.00	\$ 327.01	
<i>*Returns in 2022 in Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Sonoma, & Solano</i>	2-Party	\$ 2,232.02	\$ 1,462.00	\$ 770.02	\$ 1,444.97	\$ 787.05	\$ 1,678.00	\$ 554.02	\$ 1,497.00	\$ 735.02	\$ 1,632.00	\$ 600.02	\$ 1,537.00	\$ 695.02	\$ 1,312.00	\$ 920.02	
	Family	\$ 2,901.63	\$ 1,969.00	\$ 932.63	\$ 1,878.41	\$ 1,023.22	\$ 2,166.00	\$ 735.63	\$ 1,939.39	\$ 962.24	\$ 2,184.00	\$ 717.63	\$ 2,067.00	\$ 834.63	\$ 1,717.00	\$ 1,184.63	
HealthNet SmartCare HMO	Single	\$ 1,153.00	\$ 889.00	\$ 264.00	\$ 875.00	\$ 278.00	\$ 864.00	\$ 289.00	\$ 880.00	\$ 273.00	\$ 925.00	\$ 228.00	\$ 889.00	\$ 264.00	\$ 789.00	\$ 364.00	
	2-Party	\$ 2,306.00	\$ 1,462.00	\$ 844.00	\$ 1,444.97	\$ 861.03	\$ 1,678.00	\$ 628.00	\$ 1,497.00	\$ 809.00	\$ 1,632.00	\$ 674.00	\$ 1,537.00	\$ 769.00	\$ 1,312.00	\$ 994.00	
	Family	\$ 2,997.80	\$ 1,969.00	\$ 1,028.80	\$ 1,878.41	\$ 1,119.39	\$ 2,166.00	\$ 831.80	\$ 1,939.39	\$ 1,058.41	\$ 2,184.00	\$ 813.80	\$ 2,067.00	\$ 930.80	\$ 1,717.00	\$ 1,280.80	
Kaiser Permanente	Single	\$ 857.06	\$ 889.00	\$ -	\$ 875.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ 68.06	
	2-Party	\$ 1,714.12	\$ 1,462.00	\$ 252.12	\$ 1,444.97	\$ 269.15	\$ 1,678.00	\$ 36.12	\$ 1,497.00	\$ 217.12	\$ 1,632.00	\$ 82.12	\$ 1,537.00	\$ 177.12	\$ 1,312.00	\$ 402.12	
	Family	\$ 2,228.36	\$ 1,969.00	\$ 259.36	\$ 1,878.41	\$ 349.95	\$ 2,166.00	\$ 62.36	\$ 1,939.39	\$ 288.97	\$ 2,184.00	\$ 44.36	\$ 2,067.00	\$ 161.36	\$ 1,717.00	\$ 511.36	
Western Health Advantage	Single	\$ 741.26	\$ 889.00	\$ -	\$ 875.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ -	
<i>*Only available in Colusa, El Dorado, Humboldt, Marin, Napa, Placer, Sacramento, Solano, Sonoma & Yolo</i>	2-Party	\$ 1,482.52	\$ 1,462.00	\$ 20.52	\$ 1,444.97	\$ 37.55	\$ 1,678.00	\$ -	\$ 1,497.00	\$ -	\$ 1,632.00	\$ -	\$ 1,537.00	\$ -	\$ 1,312.00	\$ 170.52	
	Family	\$ 1,927.28	\$ 1,969.00	\$ -	\$ 1,878.41	\$ 48.87	\$ 2,166.00	\$ -	\$ 1,939.39	\$ -	\$ 2,184.00	\$ -	\$ 2,067.00	\$ -	\$ 1,717.00	\$ 210.28	
PPO PLANS																	
Anthem Blue Cross PERS GOLD PPO	Single	\$ 701.23	\$ 889.00	\$ -	\$ 875.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ -	
<i>80/20 Plan (Formerly PERS SELECT)</i>	2-Party	\$ 1,402.46	\$ 1,462.00	\$ -	\$ 1,444.97	\$ -	\$ 1,678.00	\$ -	\$ 1,497.00	\$ -	\$ 1,632.00	\$ -	\$ 1,537.00	\$ -	\$ 1,312.00	\$ 90.46	
	Family	\$ 1,823.20	\$ 1,969.00	\$ -	\$ 1,878.41	\$ -	\$ 2,166.00	\$ -	\$ 1,939.39	\$ -	\$ 2,184.00	\$ -	\$ 2,067.00	\$ -	\$ 1,717.00	\$ 106.20	
Anthem Blue Cross PERS PLATINUM PPO	Single	\$ 1,057.01	\$ 889.00	\$ 168.01	\$ 875.00	\$ 182.01	\$ 864.00	\$ 193.01	\$ 880.00	\$ 177.01	\$ 925.00	\$ 132.01	\$ 889.00	\$ 168.01	\$ 789.00	\$ 268.01	
<i>90/10 Plan (Formerly PERSCare/PERS Choice)</i>	2-Party	\$ 2,114.02	\$ 1,462.00	\$ 652.02	\$ 1,444.97	\$ 669.05	\$ 1,678.00	\$ 436.02	\$ 1,497.00	\$ 617.02	\$ 1,632.00	\$ 482.02	\$ 1,537.00	\$ 577.02	\$ 1,312.00	\$ 802.02	
	Family	\$ 2,748.23	\$ 1,969.00	\$ 779.23	\$ 1,878.41	\$ 869.82	\$ 2,166.00	\$ 582.23	\$ 1,939.39	\$ 808.84	\$ 2,184.00	\$ 564.23	\$ 2,067.00	\$ 681.23	\$ 1,717.00	\$ 1,031.23	

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba

**BENEFITTED EMPLOYEES MEDICAL PLANS
2022 MONTHLY CONTRIBUTION AMOUNTS FOR REGION 2
(Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura)
Effective: January 1, 2022 - December 31, 2022**

2022	Plan Name	Plan Description	Premium	ACADEMICS SUPS / ADMINISTRATORS		AFT (Full-Time Faculty)		TRUSTEES		AFSCME (Facilities)		CSEA (Classified)		CLASSIFIED PROF/SUPS CONFIDENTIAL		CLASSIFIED EXEMPT SUPS	
				Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket
HMO PLANS																	
	Anthem Blue Cross Traditional HMO	Single	\$ 1,007.13	\$ 889.00	\$ 118.13	\$ 875.00	\$ 132.13	\$ 789.00	\$ 218.13	\$ 864.00	\$ 143.13	\$ 880.00	\$ 127.13	\$ 925.00	\$ 82.13	\$ 889.00	\$ 118.13
		2-Party	\$ 2,014.26	\$ 1,462.00	\$ 552.26	\$ 1,444.97	\$ 569.29	\$ 1,312.00	\$ 702.26	\$ 1,678.00	\$ 336.26	\$ 1,497.00	\$ 517.26	\$ 1,632.00	\$ 382.26	\$ 1,537.00	\$ 477.26
		Family	\$ 2,618.54	\$ 1,969.00	\$ 649.54	\$ 1,878.41	\$ 740.13	\$ 1,717.00	\$ 901.54	\$ 2,166.00	\$ 452.54	\$ 1,939.39	\$ 679.15	\$ 2,184.00	\$ 434.54	\$ 2,067.00	\$ 551.54
	Anthem Blue Cross Select HMO	Single	\$ 712.43	\$ 889.00	\$ -	\$ 875.00	\$ -	\$ 789.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -
	<i>Limited Network</i>	2-Party	\$ 1,424.86	\$ 1,462.00	\$ -	\$ 1,444.97	\$ -	\$ 1,312.00	\$ 112.86	\$ 1,678.00	\$ -	\$ 1,497.00	\$ -	\$ 1,632.00	\$ -	\$ 1,537.00	\$ -
		Family	\$ 1,852.32	\$ 1,969.00	\$ -	\$ 1,878.41	\$ -	\$ 1,717.00	\$ 135.32	\$ 2,166.00	\$ -	\$ 1,939.39	\$ -	\$ 2,184.00	\$ -	\$ 2,067.00	\$ -
	Blue Shield Access+	Single	\$ 900.22	\$ 889.00	\$ 11.22	\$ 875.00	\$ 25.22	\$ 814.00	\$ 86.22	\$ 864.00	\$ 36.22	\$ 925.00	\$ -	\$ 889.00	\$ 11.22	\$ 789.00	\$ 111.22
		2-Party	\$ 1,800.44	\$ 1,462.00	\$ 338.44	\$ 1,444.97	\$ 355.47	\$ 1,628.00	\$ 172.44	\$ 1,678.00	\$ 122.44	\$ 1,632.00	\$ 168.44	\$ 1,537.00	\$ 263.44	\$ 1,312.00	\$ 488.44
		Family	\$ 2,340.57	\$ 1,969.00	\$ 371.57	\$ 1,878.41	\$ 462.16	\$ 2,116.00	\$ 224.57	\$ 2,166.00	\$ 174.57	\$ 2,184.00	\$ 156.57	\$ 2,067.00	\$ 273.57	\$ 1,717.00	\$ 623.57
	HealthNet SmartCare HMO	Single	\$ 845.69	\$ 889.00	\$ -	\$ 875.00	\$ -	\$ 789.00	\$ 56.69	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -
		2-Party	\$ 1,691.38	\$ 1,462.00	\$ 229.38	\$ 1,444.97	\$ 246.41	\$ 1,312.00	\$ 379.38	\$ 1,678.00	\$ 13.38	\$ 1,497.00	\$ 194.38	\$ 1,632.00	\$ 59.38	\$ 1,537.00	\$ 154.38
		Family	\$ 2,198.79	\$ 1,969.00	\$ 229.79	\$ 1,847.41	\$ 351.38	\$ 1,717.00	\$ 481.79	\$ 2,166.00	\$ 32.79	\$ 1,939.39	\$ 259.40	\$ 2,184.00	\$ 14.79	\$ 2,067.00	\$ 131.79
	Kaiser Permanente	Single	\$ 706.02	\$ 889.00	\$ -	\$ 875.00	\$ -	\$ 789.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -
		2-Party	\$ 1,412.04	\$ 1,462.00	\$ -	\$ 1,444.97	\$ -	\$ 1,312.00	\$ 100.04	\$ 1,678.00	\$ -	\$ 1,497.00	\$ -	\$ 1,632.00	\$ -	\$ 1,537.00	\$ -
		Family	\$ 1,835.65	\$ 1,969.00	\$ -	\$ 1,878.41	\$ -	\$ 1,717.00	\$ 118.65	\$ 2,166.00	\$ -	\$ 1,939.39	\$ -	\$ 2,184.00	\$ -	\$ 2,067.00	\$ -
PPO PLANS																	
	Anthem Blue Cross PERS GOLD PPO	Single	\$ 587.78	\$ 889.00	\$ -	\$ 875.00	\$ -	\$ 814.00	\$ -	\$ 864.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ -
	<i>80/20 Plan (Formerly PERS SELECT)</i>	2-Party	\$ 1,175.56	\$ 1,462.00	\$ -	\$ 1,444.97	\$ -	\$ 1,628.00	\$ -	\$ 1,678.00	\$ -	\$ 1,632.00	\$ -	\$ 1,537.00	\$ -	\$ 1,312.00	\$ -
		Family	\$ 1,528.23	\$ 1,969.00	\$ -	\$ 1,878.41	\$ -	\$ 2,116.00	\$ -	\$ 2,166.00	\$ -	\$ 2,184.00	\$ -	\$ 2,067.00	\$ -	\$ 1,717.00	\$ -
	Anthem Blue Cross PERS PLATINUM PPO	Single	\$ 882.18	\$ 889.00	\$ -	\$ 875.00	\$ 7.18	\$ 814.00	\$ 68.18	\$ 864.00	\$ 18.18	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ 93.18
	<i>90/10 Plan (Formerly PERSCare/PERS)</i>	2-Party	\$ 1,764.36	\$ 1,462.00	\$ 302.36	\$ 1,444.97	\$ 319.39	\$ 1,628.00	\$ 136.36	\$ 1,678.00	\$ 86.36	\$ 1,632.00	\$ 132.36	\$ 1,537.00	\$ 227.36	\$ 1,312.00	\$ 452.36
		Family	\$ 2,293.67	\$ 1,969.00	\$ 324.67	\$ 1,878.41	\$ 415.26	\$ 2,116.00	\$ 177.67	\$ 2,166.00	\$ 127.67	\$ 2,184.00	\$ 109.67	\$ 2,067.00	\$ 226.67	\$ 1,717.00	\$ 576.67

**BENEFITTED EMPLOYEES MEDICAL PLANS
2022 MONTHLY CONTRIBUTION AMOUNTS FOR REGION 3
(Los Angeles, Riverside, San Bernardino)
Effective: January 1, 2022 - December 31, 2022**

2022	Plan Name	Plan Description	Premium	ACADEMICS SUPS / ADMINISTRATORS		AFT (Full-Time Faculty)		TRUSTEES		AFSCME (Facilities)		CSEA (Classified)		CLASSIFIED PROF/SUPS CONFIDENTIAL		CLASSIFIED EXEMPT SUPS	
				Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket
HMO PLANS																	
Anthem Blue Cross Traditional HMO	Single		\$ 935.57	\$ 889.00	\$ 46.57	\$ 875.00	\$ 60.57	\$ 789.00	\$ 146.57	\$ 864.00	\$ 71.57	\$ 880.00	\$ 55.57	\$ 925.00	\$ 10.57	\$ 889.00	\$ 46.57
	2-Party		\$ 1,871.14	\$ 1,462.00	\$ 409.14	\$ 1,444.97	\$ 426.17	\$ 1,312.00	\$ 559.14	\$ 1,678.00	\$ 193.14	\$ 1,497.00	\$ 374.14	\$ 1,632.00	\$ 239.14	\$ 1,537.00	\$ 334.14
	Family		\$ 2,432.48	\$ 1,969.00	\$ 463.48	\$ 1,878.41	\$ 554.07	\$ 1,717.00	\$ 715.48	\$ 2,166.00	\$ 266.48	\$ 1,939.39	\$ 493.09	\$ 2,184.00	\$ 248.48	\$ 2,067.00	\$ 365.48
Anthem Blue Cross Select HMO	Single		\$ 676.48	\$ 889.00	\$ -	\$ 875.00	\$ -	\$ 789.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -
<i>Limited Network</i>	2-Party		\$ 1,352.96	\$ 1,462.00	\$ -	\$ 1,444.97	\$ -	\$ 1,312.00	\$ 40.96	\$ 1,678.00	\$ -	\$ 1,497.00	\$ -	\$ 1,632.00	\$ -	\$ 1,537.00	\$ -
	Family		\$ 1,758.85	\$ 1,969.00	\$ -	\$ 1,878.41	\$ -	\$ 1,717.00	\$ 41.85	\$ 2,166.00	\$ -	\$ 1,939.39	\$ -	\$ 2,184.00	\$ -	\$ 2,067.00	\$ -
Blue Shield Access+	Single		\$ 779.87	\$ 889.00	\$ -	\$ 875.00	\$ -	\$ 814.00	\$ -	\$ 864.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ -
	2-Party		\$ 1,559.74	\$ 1,462.00	\$ 97.74	\$ 1,444.97	\$ 114.77	\$ 1,628.00	\$ -	\$ 1,678.00	\$ -	\$ 1,632.00	\$ -	\$ 1,537.00	\$ 22.74	\$ 1,312.00	\$ 247.74
	Family		\$ 2,027.66	\$ 1,969.00	\$ 58.66	\$ 1,878.41	\$ 149.25	\$ 2,116.00	\$ -	\$ 2,166.00	\$ -	\$ 2,184.00	\$ -	\$ 2,067.00	\$ -	\$ 1,717.00	\$ 310.66
HealthNet SmartCare HMO	Single		\$ 764.96	\$ 889.00	\$ -	\$ 875.00	\$ -	\$ 789.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -
	2-Party		\$ 1,529.92	\$ 1,462.00	\$ 67.92	\$ 1,444.97	\$ 84.95	\$ 1,312.00	\$ 217.92	\$ 1,678.00	\$ -	\$ 1,497.00	\$ 32.92	\$ 1,632.00	\$ -	\$ 1,537.00	\$ -
	Family		\$ 1,988.90	\$ 1,969.00	\$ 19.90	\$ 1,847.41	\$ 141.49	\$ 1,717.00	\$ 271.90	\$ 2,166.00	\$ -	\$ 1,939.39	\$ 49.51	\$ 2,184.00	\$ -	\$ 2,067.00	\$ -
Kaiser Permanente	Single		\$ 719.78	\$ 889.00	\$ -	\$ 875.00	\$ -	\$ 789.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -
	2-Party		\$ 1,439.56	\$ 1,462.00	\$ -	\$ 1,444.97	\$ -	\$ 1,312.00	\$ 127.56	\$ 1,678.00	\$ -	\$ 1,497.00	\$ -	\$ 1,632.00	\$ -	\$ 1,537.00	\$ -
	Family		\$ 1,871.43	\$ 1,969.00	\$ -	\$ 1,878.41	\$ -	\$ 1,717.00	\$ 154.43	\$ 2,166.00	\$ -	\$ 1,939.39	\$ -	\$ 2,184.00	\$ -	\$ 2,067.00	\$ -
PPO PLANS																	
Anthem Blue Cross PERS GOLD PPO	Single		\$ 575.56	\$ 889.00	\$ -	\$ 875.00	\$ -	\$ 814.00	\$ -	\$ 864.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ -
<i>80/20 Plan (Formerly PERS SELECT)</i>	2-Party		\$ 1,151.12	\$ 1,462.00	\$ -	\$ 1,444.97	\$ -	\$ 1,628.00	\$ -	\$ 1,678.00	\$ -	\$ 1,632.00	\$ -	\$ 1,537.00	\$ -	\$ 1,312.00	\$ -
	Family		\$ 1,496.46	\$ 1,969.00	\$ -	\$ 1,878.41	\$ -	\$ 2,116.00	\$ -	\$ 2,166.00	\$ -	\$ 2,184.00	\$ -	\$ 2,067.00	\$ -	\$ 1,717.00	\$ -
Anthem Blue Cross PERS PLATINUM PPO	Single		\$ 863.37	\$ 889.00	\$ -	\$ 875.00	\$ -	\$ 814.00	\$ 49.37	\$ 864.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ 74.37
<i>90/10 Plan (Formerly PERSCare/PERS)</i>	2-Party		\$ 1,726.74	\$ 1,462.00	\$ 264.74	\$ 1,444.97	\$ 281.77	\$ 1,628.00	\$ 98.74	\$ 1,678.00	\$ 48.74	\$ 1,632.00	\$ 94.74	\$ 1,537.00	\$ 189.74	\$ 1,312.00	\$ 414.74
	Family		\$ 2,244.76	\$ 1,969.00	\$ 275.76	\$ 1,878.41	\$ 366.35	\$ 2,116.00	\$ 128.76	\$ 2,166.00	\$ 78.76	\$ 2,184.00	\$ 60.76	\$ 2,067.00	\$ 177.76	\$ 1,717.00	\$ 527.76