2010 Health Premiums and Contributions

Effective 1/1/2010

MEO

Plan	Tier	Monthly Premium	ER Monthly Contrib	EE Monthly Contrib	EE Bi-Weekly Contrib
Kaiser	Single	346.88	273.12	73.76	34.04
	Two-Party	759.68	553.53	206.15	95.15
	Family	999.01	717.56	281.45	129.90
Blue Shield HMO	Single	452.00	301.43	150.57	69.49
	Two-Party	986.00	611.06	374.94	173.05
	Family	1,276.00	792.20	483.80	223.29
Blue Shield PPO	Single	571.21	401.17	170.04	78.48
	Two-Party	1,207.59	757.80	449.79	207.60
	Family	1,496.62	923.36	573.26	264.58
Delta Dental PPO	Single	61.53	42.88	18.65	8.61
	Two-Party	114.90	81.82	33.08	15.27
	Family	151.44	116.36	35.08	16.19
Delta Care HMO	Single	25.77	23.00	2.77	1.28
	Two-Party	43.81	39.11	4.70	2.17
	Family	67.00	59.81	7.19	3.32
VSP	Single	23.50	17.84	5.66	2.61
	Two-Party	23.50	17.84	5.66	2.61
	Family	23.50	17.84	5.66	2.61

Medical Opt-Out: $273.12 per month