

**2010 Health Premiums and Contributions**

Effective 1/1/2010

**FMA**

(Employees who enrolled in Medical and Vision Plans)

Plan	Tier	Monthly Premium	Employer Monthly Contrib	Employee Monthly Contrib	Employee Bi-Weekly Contrib
PERS Kaiser	Single	454.99	454.99	0.00	0.00
	Two-Party	909.98	909.98	0.00	0.00
	Family	1,182.97	1,182.97	0.00	0.00
PERS Blue Shield HMO	Single	485.29	485.29	0.00	0.00
	Two-Party	970.58	970.58	0.00	0.00
	Family	1,261.75	1,261.75	0.00	0.00
PERS Blue Shield NetValue	Single	420.59	420.59	0.00	0.00
	Two-Party	841.18	841.18	0.00	0.00
	Family	1,093.53	1,093.53	0.00	0.00
PERS Choice	Single	472.83	472.83	0.00	0.00
	Two-Party	945.66	945.66	0.00	0.00
	Family	1,229.36	1,229.36	0.00	0.00
PERS Care	Single	806.89	490.21	316.68	146.16
	Two-Party	1,613.78	980.42	633.36	292.32
	Family	2,097.91	1,274.54	823.37	380.02
PERS Select	Single	441.41	441.41	0.00	0.00
	Two-Party	882.82	882.82	0.00	0.00
	Family	1,147.67	1,147.67	0.00	0.00
PORAC	Single	484.00	477.09	6.91	3.19
	Two-Party	906.00	906.00	0.00	0.00
	Family	1,151.00	1,151.00	0.00	0.00
Delta Dental PPO	Single	61.53	60.75	0.78	0.36
	Two-Party	114.90	113.42	1.48	0.68
	Family	151.44	149.48	1.96	0.90
Delta Care HMO	Single	25.77	24.87	0.90	0.42
	Two-Party	43.81	42.29	1.52	0.70
	Family	67.00	64.67	2.33	1.08
VSP Vision	Flat Rate	23.50	23.50	0.00	0.00

**FMA**

(Employees who enrolled in Medical but opt out Vision)

Plan	Tier	Monthly Premium	Employer Monthly Contrib	Employee Monthly Contrib	Employee Bi-Weekly Contrib
PERS Kaiser	Single	454.99	454.99	0.00	0.00
	Two-Party	909.98	909.98	0.00	0.00
	Family	1,182.97	1,182.97	0.00	0.00
PERS Blue Shield HMO	Single	485.29	485.29	0.00	0.00
	Two-Party	970.58	970.58	0.00	0.00
	Family	1,261.75	1,261.75	0.00	0.00
PERS Blue Shield NetValue	Single	420.59	420.59	0.00	0.00
	Two-Party	841.18	841.18	0.00	0.00
	Family	1,093.53	1,093.53	0.00	0.00
PERS Choice	Single	472.83	472.83	0.00	0.00
	Two-Party	945.66	945.66	0.00	0.00
	Family	1,229.36	1,229.36	0.00	0.00
PERS Care	Single	806.89	513.71	293.18	135.31
	Two-Party	1,613.78	1,003.92	609.86	281.47
	Family	2,097.91	1,298.04	799.87	369.17
PERS Select	Single	441.41	441.41	0.00	0.00
	Two-Party	882.82	882.82	0.00	0.00
	Family	1,147.67	1,147.67	0.00	0.00
PORAC	Single	484.00	484.00	0.00	0.00
	Two-Party	906.00	906.00	0.00	0.00
	Family	1,151.00	1,151.00	0.00	0.00
Delta Dental PPO	Single	61.53	60.75	0.78	0.36
	Two-Party	114.90	113.42	1.48	0.68
	Family	151.44	149.48	1.96	0.90
Delta Care HMO	Single	25.77	24.87	0.90	0.42
	Two-Party	43.81	42.29	1.52	0.70
	Family	67.00	64.67	2.33	1.08

Medical Opt Out Benefit: \$200 per month (\$92.31 bi-weekly)

Employee and City Contributions subject to change as a result of contract negotiations