

2010 Health Premiums and Contributions

Effective 1/1/2010

POA

(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	471.18	14.11	6.51
	Two-Party	970.58	942.36	28.22	13.02
	Family	1,261.75	1,225.07	36.68	16.93
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	471.18	1.65	0.76
	Two-Party	945.66	942.36	3.30	1.52
	Family	1,229.36	1,225.07	4.29	1.98
PERS Care	Single	806.89	471.18	335.71	154.94
	Two-Party	1,613.78	942.36	671.42	309.89
	Family	2,097.91	1,225.07	872.84	402.85
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	471.18	12.82	5.92
	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	57.86	3.67	1.69
	Two-Party	114.90	108.02	6.88	3.18
	Family	151.44	142.36	9.08	4.19
Delta Care HMO	Single	25.77	25.77	0.00	0.00
	Two-Party	43.81	43.81	0.00	0.00
	Family	67.00	67.00	0.00	0.00
VSP Vision	Flat Rate	23.50	22.76	0.74	0.34

POA

(Employees who enrolled in Medical but opt out of 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	965.12	5.46	2.52
	Family	1,261.75	1,247.83	13.92	6.42
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	493.94	312.95	144.44
	Two-Party	1,613.78	965.12	648.66	299.38
	Family	2,097.91	1,247.83	850.08	392.34
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	57.86	3.67	1.69
	Two-Party	114.90	108.02	6.88	3.18
	Family	151.44	142.36	9.08	4.19
Delta Care HMO	Single	25.77	25.77	0.00	0.00
	Two-Party	43.81	43.81	0.00	0.00
	Family	67.00	67.00	0.00	0.00

Medical Opt Out Benefit: \$471.18 per month
Employee and City Contributions subject to change as a result of contract negotiations