2011 Health Premiums and Contributions

Effective 1/1/2011

MSOA

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	477.95	477.95	0.00	0.00
	Two-Party	955.90	955.90	0.00	0.00
	Family	1242.67	1242.67	0.00	0.00
PERS Blue Shield HMO	Single	567.87	492.49	75.38	34.79
	Two-Party	1135.74	984.98	150.76	69.58
	Family	1476.46	1280.49	195.97	90.45
PERS Blue Shield NetValue	Single	488.62	488.62	0.00	0.00
	Two-Party	977.24	977.24	0.00	0.00
	Family	1270.41	1270.41	0.00	0.00
PERS Choice	Single	516.28	492.49	23.79	10.98
	Two-Party	1032.56	984.98	47.58	21.96
	Family	1342.33	1280.49	61.84	28.54
PERS Care	Single	819.18	492.49	326.69	150.78
	Two-Party	1638.36	984.98	653.38	301.56
	Family	2129.87	1280.49	849.38	392.02
PERS Select	Single	451.48	451.48	0.00	0.00
	Two-Party	902.96	902.96	0.00	0.00
	Family	1173.85	1173.85	0.00	0.00
PORAC	Single	527.00	492.49	34.51	15.93
	Two-Party	987.00	984.98	2.02	0.93
	Family	1254.00	1254.00	0.00	0.00
Delta Dental PPO	Single	64.91	57.86	7.05	3.25
	Two-Party	121.23	108.02	13.21	6.10
	Family	159.79	142.36	17.43	8.04
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	Single	23.50	22.76	0.74	0.34
	Two-Party	23.50	22.76	0.74	0.34
	Family	23.50	22.76	0.74	0.34

MSOA

(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	477.95	477.95	0.00	0.00
	Two-Party	955.90	955.90	0.00	0.00
	Family	1242.67	1242.67	0.00	0.00
PERS Blue Shield HMO	Single	567.87	515.25	52.62	24.29
	Two-Party	1135.74	1007.74	128.00	59.08
	Family	1476.46	1303.25	173.21	79.94
PERS Blue Shield NetValue	Single	488.62	488.62	0.00	0.00
	Two-Party	977.24	977.24	0.00	0.00
	Family	1270.41	1270.41	0.00	0.00
PERS Choice	Single	516.28	515.25	1.03	0.48
	Two-Party	1032.56	1007.74	24.82	11.46
	Family	1342.33	1303.25	39.08	18.04
PERS Care	Single	819.18	515.25	303.93	140.28
	Two-Party	1638.36	1007.74	630.62	291.06
	Family	2129.87	1303.25	826.62	381.52
PERS Select	Single	451.48	451.48	0.00	0.00
	Two-Party	902.96	902.96	0.00	0.00
	Family	1173.85	1173.85	0.00	0.00
PORAC	Single	527.00	515.25	11.75	5.42
	Two-Party	987.00	987.00	0.00	0.00
	Family	1254.00	1254.00	0.00	0.00

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

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