2009 Health Premiums and Contributions

Effective 1/1/2009

PMA

(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	425.11	425.11	0.00	0.00
	Two-Party	850.22	850.22	0.00	0.00
	Family	1105.29	1105.29	0.00	0.00
PERS Blue Shield HMO	Single	471.18	471.18	0.00	0.00
	Two-Party	942.36	942.36	0.00	0.00
	Family	1225.07	1225.07	0.00	0.00
PERS Blue Shield NetValue	Single	416.49	416.49	0.00	0.00
	Two-Party	832.98	832.98	0.00	0.00
	Family	1082.87	1082.87	0.00	0.00
PERS Choice	Single	458.59	458.59	0.00	0.00
	Two-Party	917.18	917.18	0.00	0.00
	Family	1192.33	1192.33	0.00	0.00
PERS Care	Single	712.71	492.49	220.22	101.64
	Two-Party	1425.42	984.98	440.44	203.28
	Family	1853.05	1280.49	572.56	264.26
PERS Select	Single	430.72	430.72	0.00	0.00
	Two-Party	861.44	861.44	0.00	0.00
	Family	1119.87	1119.87	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	1151.00	1151.00	0.00	0.00
Delta Dental PPO	Single	57.86	57.86	0.00	0.00
	Two-Party	108.02	108.02	0.00	0.00
	Family	142.36	142.36	0.00	0.00
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	22.76	22.76	0.00	0.00
	Two-Party	22.76	22.76	0.00	0.00
	Family	22.76	22.76	0.00	0.00

PMA

(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	425.11	425.11	0.00	0.00
	Two-Party	850.22	850.22	0.00	0.00
	Family	1105.29	1105.29	0.00	0.00
PERS Blue Shield HMO	Single	471.18	471.18	0.00	0.00
	Two-Party	942.36	942.36	0.00	0.00
	Family	1225.07	1225.07	0.00	0.00
PERS Blue Shield NetValue	Single	416.49	416.49	0.00	0.00
	Two-Party	832.98	832.98	0.00	0.00
	Family	1082.87	1082.87	0.00	0.00
PERS Choice	Single	458.59	458.59	0.00	0.00
	Two-Party	917.18	917.18	0.00	0.00
	Family	1192.33	1192.33	0.00	0.00
PERS Care	Single	712.71	515.25	197.46	91.14
	Two-Party	1425.42	1007.74	417.68	192.78
	Family	1853.05	1303.25	549.80	253.75
PERS Select	Single	430.72	430.72	0.00	0.00
	Two-Party	861.44	861.44	0.00	0.00
	Family	1119.87	1119.87	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	1151.00	1151.00	0.00	0.00
Delta Dental PPO	Single	57.86	57.86	0.00	0.00
	Two-Party	108.02	108.02	0.00	0.00
	Family	142.36	142.36	0.00	0.00
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: $200 per month

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