2010 Health Premiums and Contributions

Effective 1/1/2010

MEA

Plan	Tier	Monthly Premium	ER Monthly Contrib	EE Monthly Contrib	EE Bi-Weekly Contrib
Kaiser	Single	346.88	315.43	31.45	14.52
	Two-Party	759.68	690.80	68.88	31.79
	Family	999.01	908.44	90.57	41.80
Blue Shield HMO	Single	452.00	388.83	63.17	29.16
	Two-Party	986.00	847.37	138.63	63.98
	Family	1,276.00	1,096.88	179.12	82.67
Blue Shield PPO	Single	571.21	388.83	182.38	84.18
	Two-Party	1,207.59	857.37	350.22	161.64
	Family	1,496.62	1,106.88	389.74	179.88
Delta Dental PPO	Single	61.53	53.44	8.09	3.73
	Two-Party	114.90	100.34	14.56	6.72
	Family	151.44	135.09	16.35	7.55
Delta Care HMO	Single	25.77	23.48	2.29	1.06
	Two-Party	43.81	39.95	3.86	1.78
	Family	67.00	61.07	5.93	2.74
VSP	Single	23.50	21.88	1.62	0.75
	Two-Party	23.50	21.88	1.62	0.75
	Family	23.50	21.88	1.62	0.75

Medical Opt Out: $315.43/mo. ($145.58 bi-wkly)