

# FMA / MSOA

## 2007 HEALTH PREMIUMS AND CONTRIBUTIONS

Medical (Employees who enroll in Medical and Vision Plans)						Medical (Employees who enroll in Medical but opt out of Vision)					Dental		Vision
MONTHLY PREMIUM	PERS BS HMO	PERS CARE	PERS CHOICE	PORAC	PERS KAISER HMO	PERS BS HMO	PERS CARE	PERS CHOICE	PORAC	PERS KAISER HMO	Delta PMI HMO	Delta Dental PPO	VSP
	Based on Orange County regional rates. May vary depending on location of employee					Based on Orange County regional rates. May vary depending on location of employee							
<b>EE ONLY</b>	\$407.02	\$731.40	\$432.64	\$439.00	\$360.60	\$407.02	\$731.40	\$432.64	\$439.00	\$360.60	\$24.87	\$58.31	\$22.38
<b>EE + 1</b>	\$814.04	\$1,462.80	\$865.28	\$822.00	\$721.20	\$814.04	\$1,462.80	\$865.28	\$822.00	\$721.20	\$42.29	\$108.85	\$22.38
<b>EE + 2 OR MORE</b>	\$1,058.25	\$1,901.64	\$1,124.86	\$1,045.00	\$937.56	\$1,058.25	\$1,901.64	\$1,124.86	\$1,045.00	\$937.56	\$64.67	\$143.45	\$22.38
<b>MONTHLY EMPLOYER CONTRIBUTION</b>	PERS BSC HMO	PERS CARE	PERS CHOICE	PORAC	PERS KAISER HMO	PERS BSC HMO	PERS CARE	PERS CHOICE	PORAC	PERS KAISER HMO	Delta PMI HMO	Delta Dental PPO	VSP
<b>EE ONLY</b>	\$274.03	\$373.77	\$373.77	\$373.77	\$274.03	\$296.41	\$396.15	\$396.15	\$396.15	\$296.41	\$23.00	\$42.88	\$17.58
<b>EE + 1</b>	\$555.51	\$702.25	\$702.25	\$702.25	\$555.51	\$577.89	\$724.63	\$724.63	\$724.63	\$577.89	\$39.11	\$81.82	\$17.58
<b>EE + 2 OR MORE</b>	\$720.18	\$851.34	\$851.34	\$851.34	\$720.18	\$742.56	\$873.72	\$873.72	\$873.72	\$742.56	\$59.81	\$116.36	\$17.58
<b>MONTHLY EMPLOYEE CONTRIBUTION</b>	PERS BSC HMO	PERS CARE	PERS CHOICE	PORAC	PERS KAISER HMO	PERS BSC HMO	PERS CARE	PERS CHOICE	PORAC	PERS KAISER HMO	Delta PMI HMO	Delta Dental PPO	VSP
<b>EE ONLY</b>	\$132.99	\$357.63	\$58.87	\$65.23	\$86.57	\$110.61	\$335.25	\$36.49	\$42.85	\$64.19	\$1.87	\$15.43	\$4.80
<b>EE + 1</b>	\$258.53	\$760.55	\$163.03	\$119.75	\$165.69	\$236.15	\$738.17	\$140.65	\$97.37	\$143.31	\$3.18	\$27.03	\$4.80
<b>EE + 2 OR MORE</b>	\$338.07	\$1,050.30	\$273.52	\$193.66	\$217.38	\$315.69	\$1,027.92	\$251.14	\$171.28	\$195.00	\$4.86	\$27.09	\$4.80
<b>BI-WEEKLY EMPLOYEE CONTRIBUTION</b>	PERS BSC HMO	PERS CARE	PERS CHOICE	PORAC	PERS KAISER HMO	PERS BSC HMO	PERS CARE	PERS CHOICE	PORAC	PERS KAISER HMO	Delta PMI HMO	Delta Dental PPO	VSP
<b>EE ONLY</b>	\$61.38	\$165.06	\$27.17	\$30.11	\$39.96	\$51.05	\$154.73	\$16.84	\$19.78	\$29.63	\$0.86	\$7.12	\$2.22
<b>EE + 1</b>	\$119.32	\$351.02	\$75.24	\$55.27	\$76.47	\$108.99	\$340.69	\$64.92	\$44.94	\$66.14	\$1.47	\$12.48	\$2.22
<b>EE + 2 OR MORE</b>	\$156.03	\$484.75	\$126.24	\$89.38	\$100.33	\$145.70	\$474.42	\$115.91	\$79.05	\$90.00	\$2.24	\$12.50	\$2.22

\*Medical Opt Out Benefit: \$200 per month

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