2014 Health Premiums and Contributions

Effective 1/1/2014

MEO

Plan	Tier	Monthly Premium	Employer Monthly Contrib	Employee Monthly Contrib	Employee Bi-Weekly Contrib
Kaiser	Single	455.36	273.12	182.24	84.11
	Two-Party	997.37	553.53	443.84	204.85
	Family	1,311.39	717.56	593.83	274.08
Blue Shield HMO	Single	587.00	301.43	285.57	131.80
	Two-Party	1,281.00	611.06	669.94	309.20
	Family	1,657.00	792.20	864.80	399.14
Blue Shield PPO	Single	629.00	401.17	227.83	105.15
	Two-Party	1,329.00	757.80	571.20	263.63
	Family	1,647.00	923.36	723.64	333.99
Blue Shield CDHP	Single	462.00	401.17	60.83	28.08
	Two-Party	978.00	757.80	220.20	101.63
	Family	1,211.00	923.36	287.64	132.76
Delta Dental PPO	Single	65.00	42.88	22.12	10.21
	Two-Party	121.40	81.82	39.58	18.27
	Family	160.00	116.36	43.64	20.14
Delta Care HMO	Single	28.88	23.00	5.88	2.71
	Two-Party	49.10	39.11	9.99	4.61
	Family	75.10	59.81	15.29	7.06
VSP Vision	Single	25.94	17.84	8.10	3.74
	Two-Party	25.94	17.84	8.10	3.74
	Family	25.94	17.84	8.10	3.74

Medical Opt-Out: $273.12 per month