

**2011 Health Premiums and Contributions**

Effective 1/1/2011

**POA**

(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	471.18	6.77	3.12
	Two-Party	955.90	942.36	13.54	6.25
	Family	1242.67	1225.07	17.60	8.12
PERS Blue Shield HMO	Single	567.87	471.18	96.69	44.63
	Two-Party	1135.74	942.36	193.38	89.25
	Family	1476.46	1225.07	251.39	116.03
PERS Blue Shield NetValue	Single	488.62	471.18	17.44	8.05
	Two-Party	977.24	942.36	34.88	16.10
	Family	1270.41	1225.07	45.34	20.93
PERS Choice	Single	516.28	471.18	45.10	20.82
	Two-Party	1032.56	942.36	90.20	41.63
	Family	1342.33	1225.07	117.26	54.12
PERS Care	Single	819.18	471.18	348.00	160.62
	Two-Party	1638.36	942.36	696.00	321.23
	Family	2129.87	1225.07	904.80	417.60
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	471.18	55.82	25.76
	Two-Party	987.00	942.36	44.64	20.60
	Family	1254.00	1225.07	28.93	13.35
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

**POA**

(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	493.94	73.93	34.12
	Two-Party	1135.74	965.12	170.62	78.75
	Family	1476.46	1247.83	228.63	105.52
PERS Blue Shield NetValue	Single	488.62	488.62	0.00	0.00
	Two-Party	977.24	965.12	12.12	5.59
	Family	1270.41	1247.83	22.58	10.42
PERS Choice	Single	516.28	493.94	22.34	10.31
	Two-Party	1032.56	965.12	67.44	31.13
	Family	1342.33	1247.83	94.50	43.62
PERS Care	Single	819.18	493.94	325.24	150.11
	Two-Party	1638.36	965.12	673.24	310.73
	Family	2129.87	1247.83	882.04	407.10
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	493.94	33.06	15.26
	Two-Party	987.00	965.12	21.88	10.10
	Family	1254.00	1247.83	6.17	2.85
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

Medical Opt Out Benefit: \$471.18 per month  
Employee and City Contributions subject to change as a result of contract negotiations