2012 Health Premiums and Contributions

Effective 1/1/2012

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	512.76	471.18	41.58	19.19
	Two-Party	1025.52	942.36	83.16	38.38
	Family	1333.18	1225.07	108.11	49.90
PERS Blue Shield HMO	Single	583.60	471.18	112.42	51.89
	Two-Party	1167.20	942.36	224.84	103.77
	Family	1517.36	1225.07	292.29	134.90
PERS Blue Shield NetValue	Single	501.93	471.18	30.75	14.19
	Two-Party	1003.86	942.36	61.50	28.38
	Family	1305.02	1225.07	79.95	36.90
PERS Choice	Single	526.19	471.18	55.01	25.39
	Two-Party	1052.38	942.36	110.02	50.78
	Family	1368.09	1225.07	143.02	66.01
PERS Care	Single	943.26	471.18	472.08	217.88
	Two-Party	1886.52	942.36	944.16	435.77
	Family	2452.48	1225.07	1227.41	566.50
PERS Select	Single	446.68	446.68	0.00	0.00
	Two-Party	893.36	893.36	0.00	0.00
	Family	1161.37	1161.37	0.00	0.00
PORAC	Single	556.00	471.18	84.82	39.15
	Two-Party	1041.00	942.36	98.64	45.53
	Family	1323.00	1225.07	97.93	45.20
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	26.54	25.77	0.77	0.36
	Two-Party	45.12	43.81	1.31	0.60
	Family	69.01	67.00	2.01	0.93
VSP	Single	23.87	22.76	1.11	0.51
	Two-Party	23.87	22.76	1.11	0.51
	Family	23.87	22.76	1.11	0.51

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	512.76	477.95	34.81	16.07
	Two-Party	1025.52	955.90	69.62	32.13
	Family	1333.18	1242.67	90.51	41.77
PERS Blue Shield HMO	Single	583.60	493.94	89.66	41.38
	Two-Party	1167.20	965.12	202.08	93.27
	Family	1517.36	1247.83	269.53	124.40
PERS Blue Shield NetValue	Single	501.93	488.62	13.31	6.14
	Two-Party	1003.86	965.12	38.74	17.88
	Family	1305.02	1247.83	57.19	26.40
PERS Choice	Single	526.19	493.94	32.25	14.88
	Two-Party	1052.38	965.12	87.26	40.27
	Family	1368.09	1247.83	120.26	55.50
PERS Care	Single	943.26	493.94	449.32	207.38
	Two-Party	1886.52	965.12	921.40	425.26
	Family	2452.48	1247.83	1204.65	555.99
PERS Select	Single	446.68	446.68	0.00	0.00
	Two-Party	893.36	893.36	0.00	0.00
	Family	1161.37	1161.37	0.00	0.00
PORAC	Single	556.00	493.94	62.06	28.64
	Two-Party	1041.00	965.12	75.88	35.02
	Family	1323.00	1247.83	75.17	34.69
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	26.54	25.77	0.77	0.36
	Two-Party	45.12	43.81	1.31	0.60
	Family	69.01	67.00	2.01	0.93

Medical Opt Out Benefit: $471.18 per month

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