

**2011 Health Premiums and Contributions**

Effective 1/1/2011

**FMA**

(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	454.99	22.96	10.60
	Two-Party	955.90	909.98	45.92	21.19
	Family	1,242.67	1,182.97	59.70	27.55
PERS Blue Shield HMO	Single	567.87	485.29	82.58	38.11
	Two-Party	1,135.74	970.58	165.16	76.23
	Family	1,476.46	1,261.75	214.71	99.10
PERS Blue Shield NetValue	Single	488.62	420.59	68.03	31.40
	Two-Party	977.24	841.18	136.06	62.80
	Family	1,270.41	1,093.53	176.88	81.64
PERS Choice	Single	516.28	472.83	43.45	20.05
	Two-Party	1,032.56	945.66	86.90	40.11
	Family	1,342.33	1,229.36	112.97	52.14
PERS Care	Single	819.18	490.21	328.97	151.83
	Two-Party	1,638.36	980.42	657.94	303.66
	Family	2,129.87	1,274.54	855.33	394.77
PERS Select	Single	451.48	441.41	10.07	4.65
	Two-Party	902.96	882.82	20.14	9.30
	Family	1,173.85	1,147.67	26.18	12.08
PORAC	Single	527.00	477.09	49.91	23.04
	Two-Party	987.00	906.00	81.00	37.38
	Family	1,254.00	1,151.00	103.00	47.54
Delta Dental PPO	Single	64.91	60.75	4.16	1.92
	Two-Party	121.23	113.42	7.81	3.60
	Family	159.79	149.48	10.31	4.76
Delta Care HMO	Single	25.77	24.87	0.90	0.42
	Two-Party	43.81	42.29	1.52	0.70
	Family	67.00	64.67	2.33	1.08
VSP	Single	23.50	23.50	0.00	0.00
	Two-Party	23.50	23.50	0.00	0.00
	Family	23.50	23.50	0.00	0.00

**FMA**

(Employees who enrolled in Medical but opt out 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	1,242.67	1,242.67	0.00	0.00
PERS Blue Shield HMO	Single	567.87	508.79	59.08	27.27
	Two-Party	1,135.74	994.08	141.66	65.38
	Family	1,476.46	1,285.25	191.21	88.25
PERS Blue Shield NetValue	Single	488.62	488.62	0.00	0.00
	Two-Party	977.24	977.24	0.00	0.00
	Family	1,270.41	1,270.41	0.00	0.00
PERS Choice	Single	516.28	508.79	7.49	3.46
	Two-Party	1,032.56	994.08	38.48	17.76
	Family	1,342.33	1,285.25	57.08	26.34
PERS Care	Single	819.18	508.79	310.39	143.26
	Two-Party	1,638.36	994.08	644.28	297.36
	Family	2,129.87	1,285.25	844.62	389.82
PERS Select	Single	451.48	451.48	0.00	0.00
	Two-Party	902.96	902.96	0.00	0.00
	Family	1,173.85	1,173.85	0.00	0.00
PORAC	Single	527.00	508.79	18.21	8.40
	Two-Party	987.00	987.00	0.00	0.00
	Family	1,254.00	1,254.00	0.00	0.00
Delta Dental PPO	Single	64.91	61.53	3.38	1.56
	Two-Party	121.23	114.29	6.94	3.20
	Family	159.79	150.20	9.59	4.43
Delta Care HMO	Single	25.77	24.87	0.90	0.42
	Two-Party	43.81	42.29	1.52	0.70
	Family	67.00	64.67	2.33	1.08

Medical Opt Out Benefit: \$200 per month (\$92.31 bi-weekly)  
Employee and City Contributions subject to change as a result of contract negotiations