

2012 Health Premiums and Contributions

Effective 1/1/2012

Ambulance Operator

Plan	Tier	Monthly Premium	Employer Monthly Contrib	Employee Monthly Contrib	Employee Bi-Weekly Contrib
Kaiser	Single	415.56	415.56	0.00	0.00
	Two-Party	910.19	415.56	494.63	228.29
	Family	1,196.77	415.56	781.21	360.56
Blue Shield HMO	Single	548.62	415.56	133.06	61.41
	Two-Party	1,196.76	415.56	781.20	360.55
	Family	1,548.72	415.56	1,133.16	523.00
Blue Shield PPO	Single	628.68	415.56	213.12	98.36
	Two-Party	1,329.08	415.56	913.52	421.62
	Family	1,647.20	415.56	1,231.64	568.45
Delta Dental PPO	Single	64.91	26.54	38.37	17.71
	Two-Party	121.23	26.54	94.69	43.70
	Family	159.79	26.54	133.25	61.50
Delta Care HMO	Single	26.54	26.54	0.00	0.00
	Two-Party	45.12	26.54	18.58	8.58
	Family	69.01	26.54	42.47	19.60
VSP	Single	23.87	0.00	23.87	11.02
	Two-Party	23.87	0.00	23.87	11.02
	Family	23.87	0.00	23.87	11.02

City's contribution matches 100% of the cost of the least expensive HMO plan for medical and dental for employee.