

## 2012 Health Premiums and Contributions

Effective 1/1/2012

### 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	512.76	488.11	24.65	11.38
	Two-Party	1,025.52	976.23	49.29	22.75
	Family	1,333.18	1,269.09	64.09	29.58
PERS Blue Shield HMO	Single	583.60	498.73	84.87	39.17
	Two-Party	1,167.20	997.47	169.73	78.34
	Family	1,517.36	1,296.70	220.66	101.84
PERS Blue Shield NetValue	Single	501.93	432.03	69.90	32.26
	Two-Party	1,003.86	864.06	139.80	64.52
	Family	1,305.02	1,123.27	181.75	83.88
PERS Choice	Single	526.19	481.91	44.28	20.44
	Two-Party	1,052.38	963.82	88.56	40.88
	Family	1,368.09	1,252.96	115.13	53.14
PERS Care	Single	943.26	531.53	411.73	190.03
	Two-Party	1,886.52	1,063.07	823.45	380.05
	Family	2,452.48	1,381.98	1,070.50	494.08
PERS Select	Single	446.68	441.41	5.27	2.43
	Two-Party	893.36	882.82	10.54	4.86
	Family	1,161.37	1,147.67	13.70	6.32
PORAC	Single	556.00	503.33	52.67	24.31
	Two-Party	1,041.00	955.83	85.17	39.31
	Family	1,323.00	1,214.31	108.70	50.17
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	26.54	26.54	0.00	0.00
	Two-Party	45.12	45.12	0.00	0.00
	Family	69.01	69.01	0.00	0.00
VSP Vision	Single	23.87	23.87	0.00	0.00
	Two-Party	23.87	23.87	0.00	0.00
	Family	23.87	23.87	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	512.76	511.98	0.78	0.36
	Two-Party	1,025.52	1,000.10	25.42	11.73
	Family	1,333.18	1,292.96	40.22	18.56
PERS Blue Shield HMO	Single	583.60	522.60	61.00	28.15
	Two-Party	1,167.20	1,021.34	145.86	67.32
	Family	1,517.36	1,320.57	196.79	90.83
PERS Blue Shield NetValue	Single	501.93	455.90	46.03	21.24
	Two-Party	1,003.86	887.93	115.93	53.51
	Family	1,305.02	1,147.14	157.88	72.87
PERS Choice	Single	526.19	505.78	20.41	9.42
	Two-Party	1,052.38	987.69	64.69	29.86
	Family	1,368.09	1,276.83	91.26	42.12
PERS Care	Single	943.26	555.40	387.86	179.01
	Two-Party	1,886.52	1,086.94	799.58	369.04
	Family	2,452.48	1,405.85	1,046.63	483.06
PERS Select	Single	446.68	446.68	0.00	0.00
	Two-Party	893.36	893.36	0.00	0.00
	Family	1,161.37	1,161.37	0.00	0.00
PORAC	Single	556.00	527.20	28.80	13.29
	Two-Party	1,041.00	979.70	61.30	28.29
	Family	1,323.00	1,238.18	84.83	39.15
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	26.54	26.54	0.00	0.00
	Two-Party	45.12	45.12	0.00	0.00
	Family	69.01	69.01	0.00	0.00

Medical Opt Out Benefit: \$200 per month (\$92.31 bi-weekly)

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