

2013 Health Premiums and Contributions

Effective 1/1/2013

Ambulance Operator

Plan	Tier	Monthly Premium	Employer Monthly Contrib	Employee Monthly Contrib	Employee Bi-Weekly Contrib
Kaiser	Single	429.44	429.44	0.00	0.00
	Two-Party	940.61	429.44	511.17	235.92
	Family	1,236.76	429.44	807.32	372.61
Blue Shield HMO	Single	549.00	429.44	119.56	55.18
	Two-Party	1,197.00	429.44	767.56	354.26
	Family	1,549.00	429.44	1,119.56	516.72
Blue Shield PPO	Single	629.00	429.44	199.56	92.10
	Two-Party	1,329.00	429.44	899.56	415.18
	Family	1,647.00	429.44	1,217.56	561.95
Delta Dental PPO	Single	61.09	28.88	32.21	14.87
	Two-Party	114.07	28.88	85.19	39.32
	Family	150.34	28.88	121.46	56.06
Delta Care HMO	Single	28.88	28.88	0.00	0.00
	Two-Party	49.10	28.88	20.22	9.33
	Family	75.10	28.88	46.22	21.33
VSP	Single	24.50	0.00	24.50	11.31
	Two-Party	24.50	0.00	24.50	11.31
	Family	24.50	0.00	24.50	11.31

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