

2014 Health Premiums and Contributions

Effective 1/1/2014

Ambulance Operator

Plan	Tier	Monthly Premium	Employer Monthly Contrib	Employee Monthly Contrib	Employee Bi-Weekly Contrib
Kaiser	Single	455.36	455.36	0.00	0.00
	Two-Party	997.37	455.36	542.01	250.16
	Family	1,311.39	455.36	856.03	395.09
Blue Shield HMO	Single	587.00	455.36	131.64	60.76
	Two-Party	1,281.00	455.36	825.64	381.06
	Family	1,657.00	455.36	1,201.64	554.60
Blue Shield PPO	Single	629.00	455.36	173.64	80.14
	Two-Party	1,329.00	455.36	873.64	403.22
	Family	1,647.00	455.36	1,191.64	549.99
Delta Dental PPO	Single	65.00	28.88	36.12	16.67
	Two-Party	121.40	28.88	92.52	42.70
	Family	160.00	28.88	131.12	60.52
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 Vision	Single	25.94	0.00	25.94	11.97
	Two-Party	25.94	0.00	25.94	11.97
	Family	25.94	0.00	25.94	11.97

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