2014 Health Premiums and Contributions

Effective 1/1/2014

Non-Associated

Plan	Tier	Monthly Premium	Employer Monthly Contrib	Employee Monthly Contrib	Employee Bi-Weekly Contrib
Kaiser	Single	455.36	301.43	153.93	71.04
	Two-Party	997.37	611.06	386.31	178.30
	Family	1,311.39	792.20	519.19	239.63
Blue Shield HMO	Single	587.00	301.43	285.57	131.80
	Two-Party	1,281.00	611.06	669.94	309.20
	Family	1,657.00	792.20	864.80	399.14
Blue Shield PPO	Single	629.00	411.15	217.85	100.55
	Two-Party	1,329.00	772.48	556.52	256.86
	Family	1,647.00	936.47	710.53	327.94
Delta Dental PPO	Single	65.00	45.02	19.98	9.22
	Two-Party	121.40	85.91	35.49	16.38
	Family	160.00	122.18	37.82	17.46
Delta Care HMO	Single	28.88	24.15	4.73	2.18
	Two-Party	49.10	41.07	8.03	3.71
	Family	75.10	62.80	12.30	5.68
VSP Vision	Single	25.94	18.46	7.48	3.45
	Two-Party	25.94	18.46	7.48	3.45
	Family	25.94	18.46	7.48	3.45

Medical Opt-Out: $316.33 per month (or $146.00 bi-wkly)

NA Dep Head