

## 2015 Health Premiums and Contributions

Effective 1/1/2015

### Ambulance Operator

Plan	Tier	Monthly Premium	Employer Monthly Contrib	Employee Monthly Contrib	Employee Bi-Weekly Contrib
Kaiser	Single	432.60	432.60	0.00	0.00
	Two-Party	947.53	432.60	514.93	237.66
	Family	1,245.86	432.60	813.26	375.35
Blue Shield HMO	Single	632.00	432.60	199.40	92.03
	Two-Party	1,380.00	432.60	947.40	437.26
	Family	1,785.00	432.60	1,352.40	624.18
Blue Shield PPO	Single	681.00	432.60	248.40	114.65
	Two-Party	1,438.00	432.60	1,005.40	464.03
	Family	1,782.00	432.60	1,349.40	622.80
Delta Dental PPO	Single	58.00	30.11	27.89	12.87
	Two-Party	108.40	30.11	78.29	36.13
	Family	142.90	30.11	112.79	52.06
Delta Care HMO	Single	30.11	30.11	0.00	0.00
	Two-Party	51.19	30.11	21.08	9.73
	Family	78.29	30.11	48.18	22.24
VSP Vision	Single	25.12	0.00	25.12	11.59
	Two-Party	25.12	0.00	25.12	11.59
	Family	25.12	0.00	25.12	11.59

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