2015 Health Premiums and Contributions

Effective 1/1/2015

MEO

Plan	Tier	Monthly Premium	Employer Monthly Contrib	Employee Monthly Contrib	Employee Bi-Weekly Contrib
Kaiser	Single	432.60	373.12	59.48	27.45
	Two-Party	947.53	653.53	294.00	135.69
	Family	1,245.86	817.56	428.30	197.68
Blue Shield HMO	Single	632.00	401.43	230.57	106.42
	Two-Party	1,380.00	711.06	668.94	308.74
	Family	1,785.00	892.20	892.80	412.06
Blue Shield PPO	Single	681.00	501.17	179.83	83.00
	Two-Party	1,438.00	857.80	580.20	267.78
	Family	1,782.00	1,023.36	758.64	350.14
Blue Shield CDHP	Single	500.00	500.00	0.00	0.00
	Two-Party	1,058.00	857.80	200.20	92.40
	Family	1,310.00	1,023.36	286.64	132.30
Delta Dental PPO	Single	58.00	42.88	15.12	6.98
	Two-Party	108.40	81.82	26.58	12.27
	Family	142.90	116.36	26.54	12.25
Delta Care HMO	Single	30.11	23.00	7.11	3.28
	Two-Party	51.19	39.11	12.08	5.58
	Family	78.29	59.81	18.48	8.53
VSP Vision	Single	25.12	17.84	7.28	3.36
	Two-Party	25.12	17.84	7.28	3.36
	Family	25.12	17.84	7.28	3.36

Medical Opt-Out: $373.12 per month