

2010 Health Plan Semi-Monthly Rates

Effective 7/1/2010 (Pay Period 14) thru 12/31/2010 (Pay Period 25)

ABMEI, Unit 99, Unrepresented						
(Health premiums are deducted the first 2 paydays of each month, and are pre-tax)						
	Kaiser Single	Kaiser Family	Blue Shield HMO Single	Blue Shield HMO Family	Blue Shield POS/PPO Single	Blue Shield POS/PPO Family
100% Benefits: Full-Time Employees Including RWW Employees who work 32 - 39 Hrs						
Employee Contribution	34.55	85.92	59.15	168.01	158.08	422.53
City Contribution	195.78	486.87	195.78	486.87	195.78	486.87
Total	230.33	572.79	254.93	654.88	353.86	909.40
75% Benefits: Part-Time Employees who work 30 - 39 Hrs & RWW Employees who work 30 - 34 Hrs						
Employee Contribution	83.49	207.63	108.09	289.72	207.02	544.24
City Contribution	146.84	365.16	146.84	365.16	146.84	365.16
Total	230.33	572.79	254.93	654.88	353.86	909.40
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs						
Employee Contribution	107.96	268.49	132.56	350.58	231.49	605.10
City Contribution	122.37	304.30	122.37	304.30	122.37	304.30
Total	230.33	572.79	254.93	654.88	353.86	909.40
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs						
Employee Contribution	132.43	329.35	157.03	411.44	255.96	665.96
City Contribution	97.90	243.44	97.90	243.44	97.90	243.44
Total	230.33	572.79	254.93	654.88	353.86	909.40
All Other Employees						
(Health premiums are deducted the first 2 paydays of each month, and are pre-tax)						
	Kaiser Single	Kaiser Family	Blue Shield HMO Single	Blue Shield HMO Family	Blue Shield POS/PPO Single	Blue Shield POS/PPO Family
100% Benefits: Full-Time Employees Including RWW Employees who work 32 - 39 Hrs						
Employee Contribution	24.20	60.26	52.27	151.52	157.18	421.40
City Contribution	217.83	542.34	217.83	542.34	217.83	542.34
Total	242.03	602.60	270.10	693.86	375.01	963.74
75% Benefits: Part-Time Employees who work 30 - 39 Hrs & RWW Employees who work 30 - 34 Hrs						
Employee Contribution	78.65	195.84	106.72	287.10	211.63	556.98
City Contribution	163.38	406.76	163.38	406.76	163.38	406.76
Total	242.03	602.60	270.10	693.86	375.01	963.74
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs						
Employee Contribution	105.88	263.63	133.95	354.89	238.86	624.77
City Contribution	136.15	338.97	136.15	338.97	136.15	338.97
Total	242.03	602.60	270.10	693.86	375.01	963.74
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs						
Employee Contribution	133.11	331.43	161.18	422.69	266.09	692.57
City Contribution	108.92	271.17	108.92	271.17	108.92	271.17
Total	242.03	602.60	270.10	693.86	375.01	963.74
Health In-Lieu Plan Payments						
Payment in-lieu of coverage is available for qualified enrollees (full-time and RWW who work 32+ Hours)						
Payments are made every payday, are taxable, and are subject to withholding						
		ABMEI, Unit 99 Unrepresented		All Other Employees		
If eligible for family coverage		221.84		250.31		
If not eligible for family coverage		89.09		100.54		