

City of San José  
Human Resources Department

## 2011 Dental Plan Semi-Monthly Rates

Effective from 1/1/2011 (PP 1) through 12/31/2011 (PP 26)

<b>Dental Insurance Plans</b>		
(Dental premiums are deducted the first 2 paydays of each month, and are pre-tax)		
	Delta Dental PPO	DeltaCare HMO
<b>100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39 Hrs</b>		
<b>Employee Contribution</b>	<b>2.71</b>	<b>None</b>
City Contribution	51.45	23.24
Total	54.16	23.24
<b>75% Benefits: Part-Time Employees who work 30 - 39 Hrs &amp; RWW Employees who work 30 - 34 Hrs</b>		
<b>Employee Contribution</b>	<b>15.57</b>	<b>5.81</b>
City Contribution	38.59	17.43
Total	54.16	23.24
<b>62.5% Benefits: Part-Time &amp; RWW Employees who work 25 - 29 Hrs</b>		
<b>Employee Contribution</b>	<b>22.00</b>	<b>8.71</b>
City Contribution	32.16	14.53
Total	54.16	23.24
<b>50% Benefits: Part-Time &amp; RWW Employees who work 20 - 24 Hrs</b>		
<b>Employee Contribution</b>	<b>28.43</b>	<b>11.62</b>
City Contribution	25.73	11.62
Total	54.16	23.24

<b>Dental In-Lieu Plan Payments</b>		
Payment in-lieu of coverage is available for qualified enrollees (full-time and RWW who work 35+ Hours) Payments are made every payday, are taxable, and are subject to withholding		
	<b>ABMEI, ALP, POA, Unit 99, Unrepresented</b>	<b>All Other Employees</b>
<b>If eligible for family coverage</b>	<b>19.95</b>	<b>23.75</b>
<b>If <u>not</u> eligible for family coverage</b>	<b>19.95</b>	<b>23.75</b>