

**UNREPRESENTED MANAGEMENT (NON-SWORN & SWORN)
Plan Year January 1, 2011 - December 31, 2011**

	<u>TOTAL PREMIUM</u>	<u>CITY CONTRIBUTION</u>	<u>EMPLOYEE DEDUCTION</u>	<u>IN-LIEU CONTRIBUTION TO DEFERRED COMP</u>
<u>KAISER HMO</u>				
Single	\$302.09	\$310.50	\$0.00	\$8.41
Family	\$767.36	\$550.00	\$217.36	\$0.00
<u>KAISER HDHP</u>				
Single	\$205.15	\$310.50	\$0.00	(Deposited to HSA) \$105.35
Family	\$522.14	\$550.00	\$0.00	\$27.86
<u>ANTHEM BLUE CROSS HMO</u>				
Single	\$385.21	\$310.50	\$74.71	\$0.00
Family	\$977.59	\$550.00	\$427.59	\$0.00
<u>ANTHEM BLUE CROSS PPO</u>				
Single	\$568.44	\$310.50	\$257.94	\$0.00
Family	\$1,441.11	\$550.00	\$891.11	\$0.00
<u>ANTHEM BLUE CROSS HDHP</u>				
Single	\$224.38	\$310.50	\$0.00	(Deposited to HSA) \$86.12
Family	\$570.76	\$550.00	\$20.76	\$0.00
<u>OPT-OUT (Enrolled in Dental/Vision only)</u>				
Single	\$28.28	\$225.00	\$0.00	\$196.72
Family	\$74.66	\$225.00	\$0.00	\$150.34

RATES SHOWN ABOVE ARE BI-WEEKLY (24 pay periods per year)

PREMIUMS SHOWN ABOVE INCLUDE DELTA DENTAL FOR DENTAL AND VSP FOR VISION.