

2010-11 INSURANCE EMPLOYEE PREMIUMS

(The City reserves the right to change the premium amounts as needed.)

Employee Portion per payday	Core Plan	Core Plan w/Co- Pay	<i>HDHP W/HSA PLAN</i> <i>*Will be deposited into employee Health Savings Account</i>	Core Plus Plan
Employee	0.00	0.00	(59.54)*	36.92
Spouse	71.58	71.58	53.72	182.35
Children	31.48	31.48	23.63	129.78
Family	146.03	146.03	109.66	276.64
<i>*Domestic Partner</i>	242.31	242.31	179.08	312.46
<i>*Domestic Partner Family</i>	273.79	273.79	202.71	442.24

***Vision - VSP - 24 payments a
year***

	Deduction Per Month	Bi-Weekly Deduction
<i>Employee Only</i>	\$ 8.46	\$ 4.23
<i>Employee & Spouse</i>	\$ 12.77	\$ 6.39
<i>Employee & Children</i>	\$ 13.67	\$ 6.84
<i>Employee & Family</i>	\$ 21.84	\$ 10.92