



2010 Employee Health Plan Contributions

You and the City share the cost of your health care coverage. This means that when health plan costs increase, both you and the City pay more. Based on the utilization of our plans in 2009, the costs for medical coverage will be higher in 2010. The City will cover most of the cost increase, and, as the tables below show, will continue to pay a large majority of the total cost for coverage. The City has also made changes to some medical plans for 2010 that have helped reduce overall cost increases. For dental coverage, costs for the DeltaCare USA DHMO Plan will not change, and costs for the Delta Dental PPO Plan will increase only slightly.

The charts below show the amount that both you and the City pay each month for medical and dental coverage, as well as your per-pay-period cost for each plan.

Medical Plan Cost

	Total Monthly Cost	City Monthly Contribution	Employee Monthly Contribution	Employee Per Pay Period Contribution
Kaiser HMO				
■ Single	\$ 356.77	\$ 332.45	\$ 24.32	\$ 12.16
■ Two-Party	\$ 713.54	\$ 664.86	\$ 48.68	\$ 24.34
■ Family	\$ 1,009.65	\$ 940.75	\$ 68.90	\$ 34.45
Aetna Value HMO				
■ Single	\$ 469.25	\$ 431.29	\$ 37.96	\$ 18.98
■ Two-Party	\$ 940.43	\$ 868.83	\$ 71.60	\$ 35.80
■ Family	\$ 1,330.13	\$ 1,220.63	\$ 109.50	\$ 54.75
Aetna HMO				
■ Single	\$ 491.67	\$ 448.11	\$ 43.56	\$ 21.78
■ Two-Party	\$ 985.36	\$ 902.52	\$ 82.84	\$ 41.42
■ Family	\$ 1,393.69	\$ 1,268.31	\$ 125.38	\$ 62.69
Aetna OAMC Plan				
■ Single	\$ 666.10	\$ 500.70	\$ 165.40	\$ 82.70
■ Two-Party	\$ 1,332.21	\$ 994.39	\$ 337.82	\$ 168.91
■ Family	\$ 1,885.08	\$ 1,393.00	\$ 492.08	\$ 246.04
Aetna High Option OAMC Plan				
■ Single	\$ 625.54	\$ 499.66	\$ 125.88	\$ 62.94
■ Two-Party	\$ 1,251.08	\$ 994.16	\$ 256.92	\$ 128.46
■ Family	\$ 1,770.27	\$ 1,394.31	\$ 375.96	\$ 187.98

Dental Plan Cost

	Total Monthly Cost	City Monthly Contribution	Employee Monthly Contribution	Employee Per Pay Period Contribution
DeltaCare USA DHMO Plan				
■ Single	\$ 14.82	\$ 14.82	\$ 0.00	\$ 0.00
■ Two-Party	\$ 24.50	\$ 24.50	\$ 0.00	\$ 0.00
■ Family	\$ 36.22	\$ 36.22	\$ 0.00	\$ 0.00
Delta Dental PPO Plan				
■ Single	\$ 54.75	\$ 24.99	\$ 29.76	\$ 14.88
■ Two-Party	\$ 93.09	\$ 38.89	\$ 54.20	\$ 27.10
■ Family	\$ 142.36	\$ 56.03	\$ 86.33	\$ 43.16