

**MODESTO CITY EMPLOYEES ASSOCIATION (MCEA)
2010 Health Plan Rates (January 1 - Dec 31, 2010)**

	<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	\$298.00	\$298.00	\$0.00	\$0.00
Family	\$756.09	\$525.00	\$231.09	\$0.00
<u>KAISER HDHP</u>				
Single	\$213.91	\$298.00	\$0.00	(Deposited to HSA) \$84.09
Family	\$543.46	\$525.00	\$18.46	\$0.00
<u>BLUE SHIELD HMO</u>				
Single	\$365.38	\$298.00	\$67.38	\$0.00
Family	\$927.08	\$525.00	\$402.08	\$0.00
<u>BLUE SHIELD PPO</u>				
Single	\$489.73	\$298.00	\$191.73	\$0.00
Family	\$1,241.67	\$525.00	\$716.67	\$0.00
<u>BLUE SHIELD HDHP</u>				
Single	\$201.04	\$298.00	\$0.00	(Deposited to HSA) \$96.96
Family	\$511.04	\$525.00	\$0.00	\$13.96
<u>OPT-OUT (Enrolled in Dental/Vision only)</u>				
Single	\$24.94	\$225.00	\$0.00	\$200.06
Family	\$65.53	\$225.00	\$0.00	\$159.47

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

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