

MODESTO CITY EMPLOYEES ASSOCIATION (MCEA)

	<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	\$233.00	\$298.00	\$0.00	(Deposited to HSA) \$65.00
Family	\$591.74	\$525.00	\$66.74	\$0.00
<u>BLUE SHIELD HMO</u>				
Single	\$339.31	\$298.00	\$41.31	\$0.00
Family	\$861.14	\$525.00	\$336.14	\$0.00
<u>BLUE SHIELD PPO</u>				
Single	\$432.36	\$298.00	\$134.36	\$0.00
Family	\$1,096.51	\$525.00	\$571.51	\$0.00
<u>BLUE SHIELD HDHP</u>				
Single	\$174.85	\$298.00	\$0.00	(Deposited to HSA) \$123.15
Family	\$444.78	\$525.00	\$0.00	\$80.22
<u>OPT-OUT</u>				
<u>(Enrolled in</u>				
<u>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.