

**2011 MANAGERIAL/CONFIDENTIAL & UNCLASSIFIED
MEDICAL & DENTAL
BI-WEEKLY PREMIUMS*
EFFECTIVE JANUARY 1, 2011**

MEDICAL PLANS

	<u>Bi-Weekly Contribution</u>	<u>Bi-Weekly City Contribution</u>	<u>Total Bi-Weekly Cost of Coverage</u>
<u>Dual Choice (POS):</u>			
Employee:	\$ 0.00	\$238.52	\$238.52
Employee + Spouse:	\$53.79	\$470.96	\$524.74
Employee + Child:	\$45.23	\$396.03	\$441.26
Employee + Children:	\$45.23	\$396.03	\$441.26
Family:	\$69.68	\$610.10	\$679.78

DENTAL PLANS

Solstice DHMO:

Single:	\$ 0.00	\$5.62	\$ 5.62
Family:	\$ 8.47	\$5.62	\$14.09

Metlife Voluntary PDO:

Single:	\$ 0.00	\$14.10	\$14.10
Employee + Spouse:	\$14.93	\$14.10	\$29.03
Employee + Child:	\$14.68	\$14.10	\$28.78
Family:	\$37.24	\$14.10	\$51.34

*Based on 2010 actuarial determination of theoretical premiums