

**CITY OF VESIDE
2009 OBRA
HEALTH, VISION and DENTAL**

HEALTH PROVIDER/COVERAGE CATEGORY*	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (OBRA) MONTHLY PREMIUM*
Kaiser Permanente PREFERRED OBRA			
Single	\$410.03	\$6.64	\$425.00
2-Party	\$774.22	\$9.50	\$799.39
Family	\$1,034.97	\$17.00	\$1,073.01
Kaiser Permanente STANDARD OBRA			
Single	\$358.69	\$6.64	\$372.64
2-Party	\$695.86	\$9.50	\$719.47
Family	\$887.08	\$17.00	\$922.16
Kaiser Permanente VALUE OBRA			
Single	\$323.65	\$6.64	\$336.90
2-Party	\$627.88	\$9.50	\$650.13
Family	\$847.96	\$17.00	\$882.26
Blue Cross HMO PREFERRED OBRA			
Single	\$382.04	\$6.64	\$396.45
2-Party	\$773.28	\$9.50	\$798.44
Family	\$1,068.06	\$17.00	\$1,106.76
Blue Cross HMO STANDARD OBRA			
Single	\$369.06	\$6.64	\$383.21
2-Party	\$747.02	\$9.50	\$771.65
Family	\$1,031.80	\$17.00	\$1,069.78
Blue Cross HMO VALUE (SELECT) OBRA			
Single	\$330.66	\$6.64	\$344.05
2-Party	\$669.00	\$9.50	\$692.07
Family	\$923.64	\$17.00	\$959.45
BC PPO, Blue Card OBRA			
Single	\$629.42	\$6.64	\$648.78
2-Party	\$1,258.84	\$9.50	\$1,293.71
Family	\$1,605.04	\$17.00	\$1,654.48
Delta Dental DPO OBRA			
Single	\$57.52	N/A	\$58.67
2-Party	\$104.40	N/A	\$106.49
Family	\$147.00	N/A	\$149.94
Delta Care Dental PMI/DHMO OBRA			
Single	\$18.58	N/A	\$18.95
2-Party	\$28.18	N/A	\$28.74
Family	\$41.92	N/A	\$42.76
Local Advantage Dental Plan OBRA			
Single	\$57.52	N/A	\$58.67
2-Party	\$104.40	N/A	\$106.49
Family	\$147.00	N/A	\$149.94

RATES ARE SUBJECT TO CHANGE.

*Includes Administrative Fee