

Mayor & City Council

2012 Rate Sheet



Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

| Bi-Weekly Costs | Employee (Only) | Employee +1 | Family |
|----------------------------|-----------------|-------------|-----------|
| Insurance Plan (Options) | Full Time | Full Time | Full Time |
| Blue Cross PPO | \$0.00 | \$298.69 | \$394.11 |
| Blue Cross HMO (Preferred) | \$0.00 | \$101.91 | \$196.30 |
| Blue Cross HMO (Standard) | \$0.00 | \$80.44 | \$166.66 |
| Blue Cross HMO (Value) | \$0.00 | \$19.89 | \$82.79 |
| Kaiser (Preferred) | \$0.00 | \$70.51 | \$132.15 |
| Kaiser (Standard) | \$0.00 | \$39.00 | \$62.90 |
| Kaiser (Value) | \$0.00 | \$0.00 | \$39.02 |
| Local Advantage | \$10.41 | \$37.22 | \$61.59 |
| Delta DPO | \$10.41 | \$37.22 | \$61.59 |
| Delta Care HMO | \$0.00 | \$0.00 | \$0.00 |

Calculation of Your Insurance Plan Costs:

1. **Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
2. **Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
3. **Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

Example of Benefit Calculations

| Insurance Plan | Bi-Weekly Cost |
|-----------------------------|-----------------|
| Kaiser Preferred - (Family) | \$132.15 |
| Delta Care HMO - (Family) | \$0.00 |
| TOTAL BI-WEEKLY COST | \$132.15 |

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Executive 2012 Rate Sheet

Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

| Bi-Weekly Costs | Employee (Only) | Employee +1 | Family |
|----------------------------|-----------------|-------------|-----------|
| Insurance Plan (Options) | Full Time | Full Time | Full Time |
| Blue Cross PPO | \$0.00 | \$298.69 | \$394.11 |
| Blue Cross HMO (Preferred) | \$0.00 | \$101.91 | \$196.30 |
| Blue Cross HMO (Standard) | \$0.00 | \$80.44 | \$166.66 |
| Blue Cross HMO (Value) | \$0.00 | \$19.89 | \$82.79 |
| Kaiser (Preferred) | \$0.00 | \$70.51 | \$132.15 |
| Kaiser (Standard) | \$0.00 | \$39.00 | \$62.90 |
| Kaiser (Value) | \$0.00 | \$0.00 | \$39.02 |
| Local Advantage | \$10.41 | \$37.22 | \$61.59 |
| Delta DPO | \$10.41 | \$37.22 | \$61.59 |
| Delta Care HMO | \$0.00 | \$0.00 | \$0.00 |

Calculation of Your Insurance Plan Costs:

1. **Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
2. **Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
3. **Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

| "Full-Time" Example of Benefit Calculations | |
|--|-----------------|
| Insurance Plan | Bi-Weekly Cost |
| Kaiser Preferred - (Family) | \$132.15 |
| Delta Care HMO - (Family) | \$0.00 |
| TOTAL BI-WEEKLY COST | \$132.15 |

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Management I/II 2012 Rate Sheet

Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

| Bi-Weekly Costs | Employee (Only) | Employee +1 | Family | Employee (Only) | Employee +1 | Family | Employee (Only) | Employee +1 | Family |
|----------------------------|-----------------|-------------|-----------|-----------------|-------------|----------|-----------------|-------------|----------|
| Insurance Plan (Options) | Full Time | Full Time | Full Time | 3/4 Time | 3/4 Time | 3/4 Time | 1/2 Time | 1/2 Time | 1/2 Time |
| Blue Cross PPO | \$0.00 | \$298.69 | \$394.11 | \$87.04 | \$399.44 | \$519.86 | \$175.29 | \$500.19 | \$645.61 |
| Blue Cross HMO (Preferred) | \$0.00 | \$101.91 | \$196.30 | \$0.00 | \$202.66 | \$322.05 | \$73.92 | \$303.41 | \$447.80 |
| Blue Cross HMO (Standard) | \$0.00 | \$80.44 | \$166.66 | \$0.00 | \$181.19 | \$292.41 | \$63.32 | \$281.94 | \$418.16 |
| Blue Cross HMO (Value) | \$0.00 | \$19.89 | \$82.79 | \$0.00 | \$120.64 | \$208.54 | \$33.49 | \$221.39 | \$334.29 |
| Kaiser (Preferred) | \$0.00 | \$70.51 | \$132.15 | \$0.00 | \$171.26 | \$257.90 | \$75.08 | \$272.01 | \$383.65 |
| Kaiser (Standard) | \$0.00 | \$39.00 | \$62.90 | \$0.00 | \$139.75 | \$188.65 | \$52.20 | \$240.50 | \$314.40 |
| Kaiser (Value) | \$0.00 | \$0.00 | \$39.02 | \$0.00 | \$97.55 | \$164.77 | \$30.46 | \$198.30 | \$290.52 |
| Local Advantage | \$10.41 | \$37.22 | \$61.59 | \$16.04 | \$42.85 | \$67.22 | \$21.66 | \$48.47 | \$72.84 |
| Delta DPO | \$10.41 | \$37.22 | \$61.59 | \$16.04 | \$42.85 | \$67.22 | \$21.66 | \$48.47 | \$72.84 |
| Delta Care HMO | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$4.09 | \$0.00 | \$2.84 | \$9.71 |

Calculation of Your Insurance Plan Costs:

1. **Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
2. **Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
3. **Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

| "Full-Time" Example of Benefit Calculations | |
|--|-----------------|
| Insurance Plan | Bi-Weekly Cost |
| Kaiser Preferred - (Family) | \$132.15 |
| Delta Care HMO - (Family) | \$0.00 |
| TOTAL BI-WEEKLY COST | \$132.15 |

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Confidential

2012 Rate Sheet

Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

| Bi-Weekly Costs | Employee (Only) | Employee +1 | Family | Employee (Only) | Employee +1 | Family | Employee (Only) | Employee +1 | Family |
|----------------------------|-----------------|-------------|-----------|-----------------|-------------|----------|-----------------|-------------|----------|
| Insurance Plan (Options) | Full Time | Full Time | Full Time | 3/4 Time | 3/4 Time | 3/4 Time | 1/2 Time | 1/2 Time | 1/2 Time |
| Blue Cross PPO | \$0.00 | \$298.69 | \$394.11 | \$87.04 | \$399.44 | \$519.86 | \$175.29 | \$500.19 | \$645.61 |
| Blue Cross HMO (Preferred) | \$0.00 | \$101.91 | \$196.30 | \$0.00 | \$202.66 | \$322.05 | \$73.92 | \$303.41 | \$447.80 |
| Blue Cross HMO (Standard) | \$0.00 | \$80.44 | \$166.66 | \$0.00 | \$181.19 | \$292.41 | \$63.32 | \$281.94 | \$418.16 |
| Blue Cross HMO (Value) | \$0.00 | \$19.89 | \$82.79 | \$0.00 | \$120.64 | \$208.54 | \$33.49 | \$221.39 | \$334.29 |
| Kaiser (Preferred) | \$0.00 | \$70.51 | \$132.15 | \$0.00 | \$171.26 | \$257.90 | \$75.08 | \$272.01 | \$383.65 |
| Kaiser (Standard) | \$0.00 | \$39.00 | \$62.90 | \$0.00 | \$139.75 | \$188.65 | \$52.20 | \$240.50 | \$314.40 |
| Kaiser (Value) | \$0.00 | \$0.00 | \$39.02 | \$0.00 | \$97.55 | \$164.77 | \$30.46 | \$198.30 | \$290.52 |
| Local Advantage | \$10.41 | \$37.22 | \$61.59 | \$16.04 | \$42.85 | \$67.22 | \$21.66 | \$48.47 | \$72.84 |
| Delta DPO | \$10.41 | \$37.22 | \$61.59 | \$16.04 | \$42.85 | \$67.22 | \$21.66 | \$48.47 | \$72.84 |
| Delta Care HMO | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$4.09 | \$0.00 | \$2.84 | \$9.71 |

Calculation of Your Insurance Plan Costs:

1. **Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
2. **Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
3. **Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

| "Full-Time" Example of Benefit Calculations | |
|--|----------------|
| Insurance Plan | Bi-Weekly Cost |
| Kaiser Preferred - (Family) | \$132.15 |
| Delta Care HMO - (Family) | \$0.00 |
| TOTAL BI-WEEKLY COST | \$132.15 |

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General Unit (SEIU) 2012 Rate Sheet



Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

| Bi-Weekly Costs | Employee (Only) | Employee +1 | Family | Employee (Only) | Employee +1 | Family | Employee (Only) | Employee +1 | Family |
|----------------------------|-----------------|-------------|-----------|-----------------|-------------|----------|-----------------|-------------|----------|
| Insurance Plan (Options) | Full Time | Full Time | Full Time | 3/4 Time | 3/4 Time | 3/4 Time | 1/2 Time | 1/2 Time | 1/2 Time |
| Blue Cross PPO | \$74.29 | \$324.19 | \$429.61 | \$143.67 | \$418.57 | \$546.49 | \$213.04 | \$512.94 | \$663.36 |
| Blue Cross HMO (Preferred) | \$0.00 | \$127.41 | \$231.80 | \$42.30 | \$221.79 | \$348.68 | \$111.67 | \$316.16 | \$465.55 |
| Blue Cross HMO (Standard) | \$0.00 | \$105.94 | \$202.16 | \$31.70 | \$200.32 | \$319.04 | \$101.07 | \$294.69 | \$435.91 |
| Blue Cross HMO (Value) | \$0.00 | \$45.39 | \$118.29 | \$1.87 | \$139.77 | \$235.17 | \$71.24 | \$234.14 | \$352.04 |
| Kaiser (Preferred) | \$0.00 | \$96.01 | \$167.65 | \$43.45 | \$190.38 | \$284.52 | \$112.83 | \$284.76 | \$401.40 |
| Kaiser (Standard) | \$0.00 | \$64.50 | \$98.40 | \$20.58 | \$158.87 | \$215.27 | \$89.95 | \$253.25 | \$332.15 |
| Kaiser (Value) | \$0.00 | \$22.30 | \$74.52 | \$0.00 | \$116.68 | \$191.40 | \$68.21 | \$211.05 | \$308.27 |
| Local Advantage | \$10.41 | \$37.22 | \$61.59 | \$16.04 | \$42.85 | \$67.22 | \$21.66 | \$48.47 | \$72.84 |
| Delta DPO | \$10.41 | \$37.22 | \$61.59 | \$16.04 | \$42.85 | \$67.22 | \$21.66 | \$48.47 | \$72.84 |
| Delta Care HMO | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$4.09 | \$0.00 | \$2.84 | \$9.71 |

Calculation of Your Insurance Plan Costs:

1. **Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
2. **Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
3. **Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

| "Full-Time" Example of Benefit Calculations | |
|--|-----------------|
| Insurance Plan | Bi-Weekly Cost |
| Kaiser Preferred - (Family) | \$167.65 |
| Delta Care HMO - (Family) | \$0.00 |
| TOTAL BI-WEEKLY COST | \$167.65 |

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Refuse Unit (SEIU) 2012 Rate Sheet



Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

| Bi-Weekly Costs | Employee (Only) | Employee +1 | Family | Employee (Only) | Employee +1 | Family | Employee (Only) | Employee +1 | Family |
|----------------------------|-----------------|-------------|-----------|-----------------|-------------|----------|-----------------|-------------|----------|
| Insurance Plan (Options) | Full Time | Full Time | Full Time | 3/4 Time | 3/4 Time | 3/4 Time | 1/2 Time | 1/2 Time | 1/2 Time |
| Blue Cross PPO | \$74.29 | \$309.19 | \$407.11 | \$143.67 | \$407.32 | \$529.61 | \$213.04 | \$505.44 | \$652.11 |
| Blue Cross HMO (Preferred) | \$0.00 | \$112.41 | \$209.30 | \$42.30 | \$210.54 | \$331.80 | \$111.67 | \$308.66 | \$454.30 |
| Blue Cross HMO (Standard) | \$0.00 | \$90.94 | \$179.66 | \$31.70 | \$189.07 | \$302.16 | \$101.07 | \$287.19 | \$424.66 |
| Blue Cross HMO (Value) | \$0.00 | \$30.39 | \$95.79 | \$1.87 | \$128.52 | \$218.29 | \$71.24 | \$226.64 | \$340.79 |
| Kaiser (Preferred) | \$0.00 | \$81.01 | \$145.15 | \$43.45 | \$179.13 | \$267.65 | \$112.83 | \$277.26 | \$390.15 |
| Kaiser (Standard) | \$0.00 | \$49.50 | \$75.90 | \$20.58 | \$147.62 | \$198.40 | \$89.95 | \$245.75 | \$320.90 |
| Kaiser (Value) | \$0.00 | \$7.30 | \$52.02 | \$0.00 | \$105.43 | \$174.52 | \$68.21 | \$203.55 | \$297.02 |
| Local Advantage | \$0.41 | \$27.22 | \$44.09 | \$8.54 | \$35.35 | \$54.09 | \$16.66 | \$43.47 | \$64.09 |
| Delta DPO | \$0.41 | \$27.22 | \$44.09 | \$8.54 | \$35.35 | \$54.09 | \$16.66 | \$43.47 | \$64.09 |
| Delta Care HMO | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.96 |

Calculation of Your Insurance Plan Costs:

1. **Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
2. **Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
3. **Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

| "Full-Time" Example of Benefit Calculations | |
|--|-----------------|
| Insurance Plan | Bi-Weekly Cost |
| Kaiser Preferred - (Family) | \$145.15 |
| Delta Care HMO - (Family) | \$0.00 |
| TOTAL BI-WEEKLY COST | \$145.15 |

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Public Utilities - IBEW (Field & Supervisory)



2012 Rate Sheet

Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

| Bi-Weekly Costs | Employee (Only) | Employee +1 | Family | Employee (Only) | Employee +1 | Family | Employee (Only) | Employee +1 | Family |
|----------------------------|-----------------|-------------|-----------|-----------------|-------------|----------|-----------------|-------------|----------|
| Insurance Plan (Options) | Full Time | Full Time | Full Time | 3/4 Time | 3/4 Time | 3/4 Time | 1/2 Time | 1/2 Time | 1/2 Time |
| Blue Cross PPO | \$0.00 | \$339.19 | \$402.11 | \$87.95 | \$429.82 | \$525.86 | \$175.90 | \$520.44 | \$649.61 |
| Blue Cross HMO (Preferred) | \$0.00 | \$142.41 | \$204.30 | \$0.00 | \$233.04 | \$328.05 | \$74.53 | \$323.66 | \$451.80 |
| Blue Cross HMO (Standard) | \$0.00 | \$120.94 | \$174.66 | \$0.00 | \$211.57 | \$298.41 | \$63.93 | \$302.19 | \$422.16 |
| Blue Cross HMO (Value) | \$0.00 | \$60.39 | \$90.79 | \$0.00 | \$151.02 | \$214.54 | \$34.10 | \$241.64 | \$338.29 |
| Kaiser (Preferred) | \$0.00 | \$111.01 | \$140.15 | \$0.00 | \$201.63 | \$263.90 | \$75.68 | \$292.26 | \$387.65 |
| Kaiser (Standard) | \$0.00 | \$79.50 | \$70.90 | \$0.00 | \$170.12 | \$194.65 | \$52.81 | \$260.75 | \$318.40 |
| Kaiser (Value) | \$0.00 | \$37.30 | \$47.02 | \$0.00 | \$127.93 | \$170.77 | \$31.06 | \$218.55 | \$294.52 |
| Local Advantage | \$5.41 | \$32.22 | \$56.59 | \$12.29 | \$39.10 | \$63.47 | \$19.16 | \$45.97 | \$70.34 |
| Delta DPO | \$5.41 | \$32.22 | \$56.59 | \$12.29 | \$39.10 | \$63.47 | \$19.16 | \$45.97 | \$70.34 |
| Delta Care HMO | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.34 | \$0.00 | \$0.34 | \$7.21 |

Calculation of Your Insurance Plan Costs:

1. **Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
2. **Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
3. **Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

| "Full-Time" Example of Benefit Calculations | |
|--|-----------------|
| Insurance Plan | Bi-Weekly Cost |
| Kaiser Preferred - (Family) | \$140.15 |
| Delta Care HMO - (Family) | \$00.00 |
| TOTAL BI-WEEKLY COST | \$140.15 |

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Fire Unit - RCFA 2012 Rate Sheet

Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

| Bi-Weekly Costs | Employee (Only) | Employee +1 | Family |
|----------------------------|-----------------|-------------|-----------|
| Insurance Plan (Options) | Full Time | Full Time | Full Time |
| Blue Cross PPO | \$76.29 | \$334.19 | \$469.61 |
| Blue Cross HMO (Preferred) | \$0.00 | \$137.41 | \$271.80 |
| Blue Cross HMO (Standard) | \$0.00 | \$115.94 | \$242.16 |
| Blue Cross HMO (Value) | \$0.00 | \$55.39 | \$158.29 |
| Kaiser (Preferred) | \$0.00 | \$106.01 | \$207.65 |
| Kaiser (Standard) | \$0.00 | \$74.50 | \$138.40 |
| Kaiser (Value) | \$0.00 | \$32.30 | \$114.52 |
| Local Advantage | \$15.41 | \$42.22 | \$66.59 |
| Delta DPO | \$15.41 | \$42.22 | \$66.59 |
| Delta Care HMO | \$0.00 | \$0.00 | \$3.46 |

Calculation of Your Insurance Plan Costs:

1. **Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
2. **Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
3. **Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

Example of Benefit Calculations

| Insurance Plan | Bi-Weekly Cost |
|-----------------------------|-----------------|
| Kaiser Preferred - (Family) | \$207.65 |
| Delta Care HMO - (Family) | \$3.46 |
| TOTAL BI-WEEKLY COST | \$211.11 |

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Fire Management 2012 Rate Sheet



Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

| Bi-Weekly Costs | Employee (Only) | Employee +1 | Family |
|----------------------------|-----------------|-------------|-----------|
| Insurance Plan (Options) | Full Time | Full Time | Full Time |
| Blue Cross PPO | \$0.00 | \$264.19 | \$459.61 |
| Blue Cross HMO (Preferred) | \$0.00 | \$67.41 | \$261.80 |
| Blue Cross HMO (Standard) | \$0.00 | \$45.94 | \$232.16 |
| Blue Cross HMO (Value) | \$0.00 | \$0.00 | \$148.29 |
| Kaiser (Preferred) | \$0.00 | \$36.01 | \$197.65 |
| Kaiser (Standard) | \$0.00 | \$4.50 | \$128.40 |
| Kaiser (Value) | \$0.00 | \$0.00 | \$104.52 |
| Local Advantage | \$22.91 | \$49.72 | \$74.09 |
| Delta DPO | \$22.91 | \$49.72 | \$74.09 |
| Delta Care HMO | \$0.00 | \$4.09 | \$10.96 |

Calculation of Your Insurance Plan Costs:

- Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
- Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
- Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

Example of Benefit Calculations

| Insurance Plan | Bi-Weekly Cost |
|-----------------------------|-----------------|
| Kaiser Value - (Family) | \$104.52 |
| Delta Care HMO - (Family) | \$10.96 |
| TOTAL BI-WEEKLY COST | \$115.48 |

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RPOA, RPOA Supervisory, & RPAA

2012 Rate Sheet

Calculation of your Monthly Insurance Costs:

1. Select the Applicable City Contribution

* If you are selecting different coverage types for health & dental, use the greater of the two.

2. Deduct Combined Medical and/or Dental Plan Cost (All medical plan costs include VSP rates)

3. Remaining Balance Equals Monthly Cost to Employee

* Divide your monthly cost by 2, to calculate your bi-weekly deduction.

| Coverage Type | City Contribution (1) |
|-----------------|-----------------------|
| Employee (Only) | \$480.00 |
| Employee+1 | \$850.00 |
| Family | \$1,122.00 |

| Plan (2) | Employee (Only) | Employee + 1 dependent | Family |
|----------------------------|-----------------|------------------------|------------|
| Insurance Plan (Options) | Full Time | Full Time | Full Time |
| Blue Cross PPO | \$703.58 | \$1,403.38 | \$1,794.22 |
| Blue Cross HMO (Preferred) | \$500.84 | \$1009.82 | \$1398.60 |
| Blue Cross HMO (Standard) | \$479.64 | \$966.88 | \$1339.32 |
| Blue Cross HMO (Value) | \$419.98 | \$845.78 | \$1171.58 |
| Kaiser (Preferred) | \$503.15 | \$947.01 | \$1270.29 |
| Kaiser (Standard) | \$457.40 | \$883.99 | \$1131.79 |
| Kaiser (Value) | \$413.91 | \$799.60 | \$1084.04 |
| Local Advantage | \$65.82 | \$119.44 | \$168.18 |
| Delta DPO | \$65.82 | \$119.44 | \$168.18 |
| Delta Care HMO | \$18.58 | \$28.18 | \$41.92 |

Example of Benefit Calculations

| Plan | Employee Cost (3) |
|---------------------------|----------------------------------|
| Kaiser Preferred (Family) | \$1,270.29 |
| Delta Care HMO (Family) | \$41.92 |
| TOTAL MONTHLY COST | \$1,312.21 |
| Monthly Cost to Employee | \$190.21 (\$1,312.21-\$1,122) |
| Bi-weekly Cost | \$95.11 |

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