

HEALTH INSURANCE RATES- EFF 10/1/10

HMO PLAN

	<u>EMPLOYEE CONTRIBUTION</u>	<u>COUNTY CONTRIBUTION</u>	<u>TOTAL MONTHLY PREMIUM</u>
EMPLOYEE ONLY	\$26.00	\$701.22	\$727.22
EMPLOYEE/SPOUSE	\$286.00	\$1,332.60	\$1,618.60
EMPLOYEE/CHILD(REN)	\$249.00	\$1,157.30	\$1,406.30
EMPLOYEE/FAMILY	\$315.00	\$1,463.38	\$1,778.38

PPO PLAN

	<u>EMPLOYEE CONTRIBUTION</u>	<u>COUNTY CONTRIBUTION</u>	<u>TOTAL MONTHLY PREMIUM</u>
EMPLOYEE ONLY	\$161.00	\$611.22	\$772.22
EMPLOYEE/SPOUSE	\$661.00	\$1,059.39	\$1,720.39
EMPLOYEE/CHILD(REN)	\$561.00	\$933.53	\$1,494.53
EMPLOYEE/FAMILY	\$742.00	\$1,148.02	\$1,890.02

* Rates include Medical, Dental & Vision coverage