

**GENERAL REPRESENTATION UNIT
 MEDICAL PLAN RATES & MONTHLY COUNTY CONTRIBUTIONS
 FOR CALENDAR YEAR 2010**
 Effective: January 1, 2010 through December 31, 2010

| 2010 MONTHLY COUNTY CONTRIBUTIONS | | |
|-----------------------------------|---------|--------|
| | MEDICAL | FHA |
| EE ONLY | 507.00 | 41.46 |
| EE + 1 | 557.00 | 482.19 |
| EE + 2 | 613.00 | 737.95 |

| Plan Code | Monthly Premium | MONTHLY COUNTY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS | | | EE MONTHLY COSTS | | | EE PAY PERIOD COST | | |
|-------------------------|-----------------|---|----------|------------------------|----------------------|------------------|---------------|--------------------|---------------|-------|
| | | TOTAL **1 Contribution | = | Medical Contribution + | FHA **2 Contribution | EE Cost For Plan | EE Cost Admin | | Total EE Cost | |
| BLUE SHIELD ACCESS+ HMO | | | | | | | | | | |
| EE | 1021 | 577.33 | 548.46 | 95% | 507.00 | 41.46 | 28.87 | 2.48 | 31.35 | 15.67 |
| EE +1 | 1022 | 1,154.66 | 1,039.19 | 90% | 557.00 | 482.19 | 115.47 | 4.97 | 120.43 | 60.22 |
| EE +2 | 1023 | 1,501.06 | 1,350.95 | 90% | 613.00 | 737.95 | 150.11 | 6.45 | 156.56 | 78.28 |

| KAISER (San Jose & SF Bay Area Residents Only) | | | | | | | | | | |
|--|------|----------|----------|--|--------|--------|-------|------|-------|-------|
| EE | 1041 | 532.56 | 532.56 | | 507.00 | 25.56 | 0.00 | 2.29 | 2.29 | 1.15 |
| EE +1 | 1042 | 1,065.12 | 1,039.19 | | 557.00 | 482.19 | 25.93 | 4.58 | 30.51 | 15.25 |
| EE +2 | 1043 | 1,384.66 | 1,350.95 | | 613.00 | 737.95 | 33.71 | 5.95 | 39.66 | 19.83 |

| PERS CARE | | | | | | | | | | |
|-----------|------|----------|----------|--|--------|--------|--------|------|--------|--------|
| EE | 1221 | 868.17 | 548.46 | | 507.00 | 41.46 | 319.71 | 3.73 | 323.44 | 161.72 |
| EE +1 | 1222 | 1,736.34 | 1,039.19 | | 557.00 | 482.19 | 697.15 | 7.47 | 704.61 | 352.31 |
| EE +2 | 1223 | 2,257.24 | 1,350.95 | | 613.00 | 737.95 | 906.29 | 9.71 | 915.99 | 458.00 |

| PERS CHOICE | | | | | | | | | | |
|-------------|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 1061 | 508.74 | 508.74 | | 507.00 | 1.74 | 0.00 | 2.19 | 2.19 | 1.09 |
| EE +1 | 1062 | 1,017.48 | 1,017.48 | | 557.00 | 460.48 | 0.00 | 4.38 | 4.38 | 2.19 |
| EE +2 | 1063 | 1,322.72 | 1,322.72 | | 613.00 | 709.72 | 0.00 | 5.69 | 5.69 | 2.84 |

| PERS SELECT (Check Provider Directory) | | | | | | | | | | |
|--|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 1261 | 474.93 | 474.93 | | 474.93 | 0.00 | 0.00 | 2.04 | 2.04 | 1.02 |
| EE +1 | 1262 | 949.86 | 949.86 | | 557.00 | 392.86 | 0.00 | 4.08 | 4.08 | 2.04 |
| EE +2 | 1263 | 1,234.82 | 1,234.82 | | 613.00 | 621.82 | 0.00 | 5.31 | 5.31 | 2.65 |

| PORAC (Available only to PORAC Assn members which may include Probation Employees) | | | | | | | | | | |
|--|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 2071 | 484.00 | 484.00 | | 484.00 | 0.00 | 0.00 | 2.08 | 2.08 | 1.04 |
| EE +1 | 2072 | 906.00 | 906.00 | | 557.00 | 349.00 | 0.00 | 3.90 | 3.90 | 1.95 |
| EE +2 | 2073 | 1,151.00 | 1,151.00 | | 613.00 | 538.00 | 0.00 | 4.95 | 4.95 | 2.47 |

| DELTA PREFERRED OPTION (DPO) PLUS DENTAL COVERAGE | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|-------|-------|
| EE+1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 48.00 | 24.00 |

| VISION SERVICE PLAN | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|-------|------|
| 1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 18.01 | 9.01 |

EE = employee only
 EE+1 = employee plus one dependent
 EE+2 = employee plus two or more dependents

| MONTHLY COUNTY CONTRIBUTION RETIREE MEDICAL | |
|---|--------|
| RETIREE | 507.00 |
| RETIREE + 1 | 557.00 |
| RETIREE + 2 | 613.00 |

**1
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE ONLY IS EQUAL TO 95% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+1 IS EQUAL TO 90% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+2 IS EQUAL TO 90% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM

**2
 FLEXIBLE HEALTH ALLOWANCE (FHA) CONTRIBUTION IS 95/90/90 OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM, LESS THE COUNTY MEDICAL CONTRIBUTION. EMPLOYEES MAY USE ALL OR PART OF THEIR FHA TO PURCHASE MEDICAL, DPO PLUS DENTAL AND/OR VSP DEPENDENT VISION. UNUSED FHA WILL BE FORFEITED. EMPLOYEES MUST BE ENROLLED IN A COUNTY MEDICAL PLAN TO PARTICIPATE. FHA MAY NOT BE APPLIED TO CALPERS ADMIN FEE.

**MIDDLE MANAGEMENT
 MEDICAL PLAN RATES & MONTHLY COUNTY CONTRIBUTIONS
 FOR CALENDAR YEAR 2010**
 Effective: January 1, 2010 through December 31, 2010

| 2010 MONTHLY COUNTY CONTRIBUTIONS | | |
|-----------------------------------|---------|--------|
| | MEDICAL | FHA |
| EE ONLY | 507.00 | 41.46 |
| EE + 1 | 557.00 | 482.19 |
| EE + 2 | 613.00 | 737.95 |

| | Plan Code | Monthly Premium | MONTHLY COUNTY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS | | | EE MONTHLY COSTS | | | EE PAY PERIOD COST | |
|--------------------------------|-----------|-----------------|---|----------------------|----------------------|------------------|----------------------------------|---------------|--------------------|-------|
| | | | TOTAL **1 Contribution | Medical Contribution | FHA **2 Contribution | EE Cost For Plan | EE Cost Admin .43% of Premium | Total EE Cost | | |
| BLUE SHIELD ACCESS+ HMO | | | | | | | | | | |
| EE | 1021 | 577.33 | 548.46 | 95% | 507.00 | 41.46 | 28.87 | 2.48 | 31.35 | 15.67 |
| EE +1 | 1022 | 1,154.66 | 1,039.19 | 90% | 557.00 | 482.19 | 115.47 | 4.97 | 120.43 | 60.22 |
| EE +2 | 1023 | 1,501.06 | 1,350.95 | 90% | 613.00 | 737.95 | 150.11 | 6.45 | 156.56 | 78.28 |

KAISER (San Jose & SF Bay Area Residents Only)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|-------|------|-------|-------|
| EE | 1041 | 532.56 | 532.56 | | 507.00 | 25.56 | 0.00 | 2.29 | 2.29 | 1.15 |
| EE +1 | 1042 | 1,065.12 | 1,039.19 | | 557.00 | 482.19 | 25.93 | 4.58 | 30.51 | 15.26 |
| EE +2 | 1043 | 1,384.66 | 1,350.95 | | 613.00 | 737.95 | 33.71 | 5.95 | 39.66 | 19.83 |

PERS CARE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|--------|------|--------|--------|
| EE | 1221 | 868.17 | 548.46 | | 507.00 | 41.46 | 319.71 | 3.73 | 323.44 | 161.72 |
| EE +1 | 1222 | 1,736.34 | 1,039.19 | | 557.00 | 482.19 | 697.15 | 7.47 | 704.62 | 352.31 |
| EE +2 | 1223 | 2,257.24 | 1,350.95 | | 613.00 | 737.95 | 906.29 | 9.71 | 916.00 | 458.00 |

PERS CHOICE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 1061 | 508.74 | 508.74 | | 507.00 | 1.74 | 0.00 | 2.19 | 2.19 | 1.09 |
| EE +1 | 1062 | 1,017.48 | 1,017.49 | | 557.00 | 460.49 | 0.00 | 4.38 | 4.38 | 2.19 |
| EE +2 | 1063 | 1,322.72 | 1,322.72 | | 613.00 | 709.72 | 0.00 | 5.69 | 5.69 | 2.84 |

PERS SELECT (Check Provider Directory)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 1261 | 474.93 | 474.93 | | 474.93 | 0.00 | 0.00 | 2.04 | 2.04 | 1.02 |
| EE +1 | 1262 | 949.86 | 949.86 | | 557.00 | 392.86 | 0.00 | 4.08 | 4.08 | 2.04 |
| EE +2 | 1263 | 1,234.82 | 1,234.82 | | 613.00 | 621.82 | 0.00 | 5.31 | 5.31 | 2.65 |

PORAC (Available only to PORAC Assn members which may include Probation Employees)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 2071 | 484.00 | 484.00 | | 484.00 | 0.00 | 0.00 | 2.08 | 2.08 | 1.04 |
| EE +1 | 2072 | 906.00 | 906.00 | | 557.00 | 349.00 | 0.00 | 3.90 | 3.90 | 1.95 |
| EE +2 | 2073 | 1,151.00 | 1,151.00 | | 613.00 | 538.00 | 0.00 | 4.95 | 4.95 | 2.47 |

DELTA PREFERRED OPTION (DPO) PLUS DENTAL COVERAGE

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|-------|-------|
| EE+1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 48.00 | 24.00 |
|---|--|--|--|--|--|--|--|--|-------|-------|

VISION SERVICE PLAN

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|-------|------|
| 1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 18.01 | 9.01 |
|--|--|--|--|--|--|--|--|--|-------|------|

EE = employee only
 EE+1 = employee plus one dependent
 EE+2 = employee plus two or more dependents

| MONTHLY COUNTY CONTRIBUTION RETIREE MEDICAL | |
|--|--------|
| RETIREE | 507.00 |
| RETIREE + 1 | 557.00 |
| RETIREE + 2 | 613.00 |

**1

TOTAL COUNTY CONTRIBUTION FORMULA FOR EE ONLY IS EQUAL TO 95% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+1 IS EQUAL TO 90% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+2 IS EQUAL TO 90% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM

**2

FLEXIBLE HEALTH ALLOWANCE (FHA) CONTRIBUTION IS 95/90/90 OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM, LESS THE COUNTY MEDICAL CONTRIBUTION. EMPLOYEES MAY USE ALL OR PART OF THEIR FHA TO PURCHASE MEDICAL, DPO PLUS DENTAL AND/OR VSP DEPENDENT VISION. UNUSED FHA WILL BE FORFEITED. EMPLOYEES MUST BE ENROLLED IN A COUNTY MEDICAL PLAN TO PARTICIPATE. FHA MAY NOT BE APPLIED TO CALPERS ADMIN FEE.

**UNREPRESENTED MANAGEMENT
MEDICAL PLAN RATES & MONTHLY COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2010**
Effective: January 1, 2010 through December 31, 2010

| 2010 MONTHLY COUNTY CONTRIBUTIONS | | |
|-----------------------------------|---------|--------|
| | MEDICAL | FHA |
| EE ONLY | 507.00 | 41.46 |
| EE + 1 | 557.00 | 482.19 |
| EE + 2 | 613.00 | 737.95 |

| | Plan Code | Monthly Premium | MONTHLY COUNTY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS | | | EE MONTHLY COSTS | | | EE PAY PERIOD COST | |
|--------------------------------|-----------|-----------------|---|----------------------|----------------------|------------------|----------------------------------|---------------|--------------------|-------|
| | | | TOTAL **1 Contribution | Medical Contribution | FHA **2 Contribution | EE Cost For Plan | EE Cost Admin .43% of Premium | Total EE Cost | | |
| BLUE SHIELD ACCESS+ HMO | | | | | | | | | | |
| EE | 1021 | 577.33 | 548.46 | 95% | 507.00 | 41.46 | 28.87 | 2.48 | 31.35 | 15.67 |
| EE +1 | 1022 | 1,154.66 | 1,039.19 | 90% | 557.00 | 482.19 | 115.47 | 4.97 | 120.43 | 60.22 |
| EE +2 | 1023 | 1,501.06 | 1,350.95 | 90% | 613.00 | 737.95 | 150.11 | 6.45 | 156.56 | 78.28 |

KAISER (San Jose & SF Bay Area Residents Only)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|-------|------|-------|-------|
| EE | 1041 | 532.56 | 532.56 | | 507.00 | 25.56 | 0.00 | 2.29 | 2.29 | 1.15 |
| EE +1 | 1042 | 1,065.12 | 1,039.19 | | 557.00 | 482.19 | 25.93 | 4.58 | 30.51 | 15.26 |
| EE +2 | 1043 | 1,384.66 | 1,350.95 | | 613.00 | 737.95 | 33.71 | 5.95 | 39.66 | 19.83 |

PERS CARE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|--------|------|--------|--------|
| EE | 1221 | 868.17 | 548.46 | | 507.00 | 41.46 | 319.71 | 3.73 | 323.44 | 161.72 |
| EE +1 | 1222 | 1,736.34 | 1,039.19 | | 557.00 | 482.19 | 697.15 | 7.47 | 704.62 | 352.31 |
| EE +2 | 1223 | 2,257.24 | 1,350.95 | | 613.00 | 737.95 | 906.29 | 9.71 | 916.00 | 458.00 |

PERS CHOICE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 1061 | 508.74 | 508.74 | | 507.00 | 1.74 | 0.00 | 2.19 | 2.19 | 1.09 |
| EE +1 | 1062 | 1,017.48 | 1,017.48 | | 557.00 | 460.48 | 0.00 | 4.38 | 4.38 | 2.19 |
| EE +2 | 1063 | 1,322.72 | 1,322.72 | | 613.00 | 709.72 | 0.00 | 5.69 | 5.69 | 2.84 |

PERS SELECT (Check Provider Directory)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 1261 | 474.93 | 474.93 | | 474.93 | 0.00 | 0.00 | 2.04 | 2.04 | 1.02 |
| EE +1 | 1262 | 949.86 | 949.86 | | 557.00 | 392.86 | 0.00 | 4.08 | 4.08 | 2.04 |
| EE +2 | 1263 | 1,234.82 | 1,234.82 | | 613.00 | 621.82 | 0.00 | 5.31 | 5.31 | 2.65 |

PORAC (Available only to PORAC Assn members which may include Probation Employees)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 2071 | 484.00 | 484.00 | | 484.00 | 0.00 | 0.00 | 2.08 | 2.08 | 1.04 |
| EE +1 | 2072 | 906.00 | 906.00 | | 557.00 | 349.00 | 0.00 | 3.90 | 3.90 | 1.95 |
| EE +2 | 2073 | 1,151.00 | 1,151.00 | | 613.00 | 538.00 | 0.00 | 4.95 | 4.95 | 2.47 |

DELTA PREFERRED OPTION (DPO) PLUS DENTAL COVERAGE

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|-------|-------|
| EE+1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 48.00 | 24.00 |
|---|--|--|--|--|--|--|--|--|-------|-------|

VISION SERVICE PLAN

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|-------|------|
| 1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 18.01 | 9.01 |
|--|--|--|--|--|--|--|--|--|-------|------|

EE = employee only
EE+1 = employee plus one dependent
EE+2 = employee plus two or more dependents

| MONTHLY COUNTY CONTRIBUTION RETIREE MEDICAL | |
|--|--------|
| RETIREE | 507.00 |
| RETIREE + 1 | 557.00 |
| RETIREE + 2 | 613.00 |

**1

TOTAL COUNTY CONTRIBUTION FORMULA FOR EE ONLY IS EQUAL TO 95% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+1 IS EQUAL TO 90% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+2 IS EQUAL TO 90% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM

**2

FLEXIBLE HEALTH ALLOWANCE (FHA) CONTRIBUTION IS 95/90/90 OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM, LESS THE COUNTY MEDICAL CONTRIBUTION. EMPLOYEES MAY USE ALL OR PART OF THEIR FHA TO PURCHASE MEDICAL, DPO PLUS DENTAL AND/OR VSP DEPENDENT VISION. UNUSED FHA WILL BE FORFEITED. EMPLOYEES MUST BE ENROLLED IN A COUNTY MEDICAL PLAN TO PARTICIPATE. FHA MAY NOT BE APPLIED TO CALPERS ADMIN FEE.

DA CHILD SUPPORT ATTORNEY
MEDICAL PLAN RATES & MONTHLY COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2010
 Effective: January 1, 2010 through December 31, 2010

| 2010 MONTHLY COUNTY CONTRIBUTIONS | | |
|-----------------------------------|---------|--------|
| | MEDICAL | FHA |
| EE ONLY | 507.00 | 41.46 |
| EE + 1 | 557.00 | 482.19 |
| EE + 2 | 613.00 | 737.95 |

| | Plan Code | Monthly Premium | MONTHLY COUNTY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS | | | EE MONTHLY COSTS | | | EE PAY PERIOD COST | |
|--------------------------------|-----------|-----------------|---|----------------------|----------------------|------------------|----------------------------------|---------------|--------------------|-------|
| | | | TOTAL **1 Contribution | Medical Contribution | FHA **2 Contribution | EE Cost For Plan | EE Cost Admin .43% of Premium | Total EE Cost | | |
| BLUE SHIELD ACCESS+ HMO | | | | | | | | | | |
| EE | 1021 | 577.33 | 548.46 | 95% | 507.00 | 41.46 | 28.87 | 2.48 | 31.35 | 15.67 |
| EE +1 | 1022 | 1,154.66 | 1,039.19 | 90% | 557.00 | 482.19 | 115.47 | 4.97 | 120.43 | 60.22 |
| EE +2 | 1023 | 1,501.06 | 1,350.95 | 90% | 613.00 | 737.95 | 150.11 | 6.45 | 156.56 | 78.28 |

KAISER (San Jose & SF Bay Area Residents Only)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|-------|------|-------|-------|
| EE | 1041 | 532.56 | 532.56 | | 507.00 | 25.56 | 0.00 | 2.29 | 2.29 | 1.15 |
| EE +1 | 1042 | 1,065.12 | 1,039.19 | | 557.00 | 482.19 | 25.93 | 4.58 | 30.51 | 15.26 |
| EE +2 | 1043 | 1,384.66 | 1,350.95 | | 613.00 | 737.95 | 33.71 | 5.95 | 39.66 | 19.83 |

PERS CARE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|--------|------|--------|--------|
| EE | 1221 | 868.17 | 548.46 | | 507.00 | 41.46 | 319.71 | 3.73 | 323.44 | 161.72 |
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| EE +2 | 1223 | 2,257.24 | 1,350.95 | | 613.00 | 737.95 | 906.29 | 9.71 | 916.00 | 458.00 |

PERS CHOICE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 1061 | 508.74 | 508.74 | | 507.00 | 1.74 | 0.00 | 2.19 | 2.19 | 1.09 |
| EE +1 | 1062 | 1,017.48 | 1,017.48 | | 557.00 | 460.48 | 0.00 | 4.38 | 4.38 | 2.19 |
| EE +2 | 1063 | 1,322.72 | 1,322.72 | | 613.00 | 709.72 | 0.00 | 5.69 | 5.69 | 2.84 |

PERS SELECT (Check Provider Directory)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 1261 | 474.93 | 474.93 | | 474.93 | 0.00 | 0.00 | 2.04 | 2.04 | 1.02 |
| EE +1 | 1262 | 949.86 | 949.86 | | 557.00 | 392.86 | 0.00 | 4.08 | 4.08 | 2.04 |
| EE +2 | 1263 | 1,234.82 | 1,234.82 | | 613.00 | 621.82 | 0.00 | 5.31 | 5.31 | 2.65 |

PORAC (Available only to PORAC Assn members which may include Probation Employees)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 2071 | 484.00 | 484.00 | | 484.00 | 0.00 | 0.00 | 2.08 | 2.08 | 1.04 |
| EE +1 | 2072 | 906.00 | 906.00 | | 557.00 | 349.00 | 0.00 | 3.90 | 3.90 | 1.95 |
| EE +2 | 2073 | 1,151.00 | 1,151.00 | | 613.00 | 538.00 | 0.00 | 4.95 | 4.95 | 2.47 |

DELTA PREFERRED OPTION (DPO) PLUS DENTAL COVERAGE

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|-------|-------|
| EE+1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 48.00 | 24.00 |
|---|--|--|--|--|--|--|--|--|-------|-------|

VISION SERVICE PLAN

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|-------|------|
| 1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 18.01 | 9.01 |
|--|--|--|--|--|--|--|--|--|-------|------|

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 EE+1 = employee plus one dependent
 EE+2 = employee plus two or more dependents

| MONTHLY COUNTY CONTRIBUTION RETIREE MEDICAL | |
|---|--------|
| RETIREE | 507.00 |
| RETIREE + 1 | 557.00 |
| RETIREE + 2 | 613.00 |

**1

TOTAL COUNTY CONTRIBUTION FORMULA FOR EE ONLY IS EQUAL TO 95% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
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 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+2 IS EQUAL TO 90% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM

**2

FLEXIBLE HEALTH ALLOWANCE (FHA) CONTRIBUTION IS 95/90/90 OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM, LESS THE COUNTY MEDICAL CONTRIBUTION. EMPLOYEES MAY USE ALL OR PART OF THEIR FHA TO PURCHASE MEDICAL, DPO PLUS DENTAL AND/OR VSP DEPENDENT VISION. UNUSED FHA WILL BE FORFEITED. EMPLOYEES MUST BE ENROLLED IN A COUNTY MEDICAL PLAN TO PARTICIPATE. FHA MAY NOT BE APPLIED TO CALPERS ADMIN FEE.

DEPARTMENT HEAD, BOS, ELECTED OFFICIALS
MEDICAL PLAN RATES & MONTHLY COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2010
 Effective: January 1, 2010 through December 31, 2010

| 2010 MONTHLY COUNTY CONTRIBUTIONS | | |
|-----------------------------------|---------|--------|
| | MEDICAL | FHA |
| EE ONLY | 507.00 | 41.46 |
| EE + 1 | 586.76 | 452.43 |
| EE + 2 | 670.08 | 680.87 |

| Plan Code | Monthly Premium | MONTHLY COUNTY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS | | | EE MONTHLY COSTS | | | EE PAY PERIOD COST | | |
|--------------------------------|-----------------|---|----------------------|----------------------|------------------|----------------------------------|---------------|--------------------|--------|-------|
| | | TOTAL **1 Contribution | Medical Contribution | FHA **2 Contribution | EE Cost For Plan | EE Cost Admin .43% of Premium | Total EE Cost | | | |
| BLUE SHIELD ACCESS+ HMO | | | | | | | | | | |
| EE | 1021 | 577.33 | 548.46 | 95% | 507.00 | 41.46 | 28.87 | 2.48 | 31.35 | 15.67 |
| EE +1 | 1022 | 1,154.66 | 1,039.19 | 90% | 586.76 | 452.43 | 115.47 | 4.97 | 120.43 | 60.22 |
| EE +2 | 1023 | 1,501.06 | 1,350.95 | 90% | 670.08 | 680.87 | 150.11 | 6.45 | 156.56 | 78.28 |

KAISER (San Jose & SF Bay Area Residents Only)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|-------|------|-------|-------|
| EE | 1041 | 532.56 | 532.56 | | 507.00 | 25.56 | 0.00 | 2.29 | 2.29 | 1.15 |
| EE +1 | 1042 | 1,065.12 | 1,039.19 | | 586.76 | 452.43 | 25.93 | 4.58 | 30.51 | 15.26 |
| EE +2 | 1043 | 1,384.66 | 1,350.95 | | 670.08 | 680.87 | 33.71 | 5.95 | 39.66 | 19.83 |

PERS CARE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|--------|------|--------|--------|
| EE | 1221 | 868.17 | 548.46 | | 507.00 | 41.46 | 319.71 | 3.73 | 323.44 | 161.72 |
| EE +1 | 1222 | 1,736.34 | 1,039.19 | | 586.76 | 452.43 | 697.15 | 7.47 | 704.62 | 352.31 |
| EE +2 | 1223 | 2,257.24 | 1,350.95 | | 670.08 | 680.87 | 906.29 | 9.71 | 916.00 | 458.00 |

PERS CHOICE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 1061 | 508.74 | 508.74 | | 507.00 | 1.74 | 0.00 | 2.19 | 2.19 | 1.09 |
| EE +1 | 1062 | 1,017.48 | 1,017.48 | | 586.76 | 430.72 | 0.00 | 4.38 | 4.38 | 2.19 |
| EE +2 | 1063 | 1,322.72 | 1,322.72 | | 670.08 | 652.64 | 0.00 | 5.69 | 5.69 | 2.84 |

PERS SELECT (Check Provider Directory)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 1261 | 474.93 | 474.93 | | 474.93 | 0.00 | 0.00 | 2.04 | 2.04 | 1.02 |
| EE +1 | 1262 | 949.86 | 949.86 | | 586.76 | 363.10 | 0.00 | 4.08 | 4.08 | 2.04 |
| EE +2 | 1263 | 1,234.82 | 1,234.82 | | 670.08 | 564.74 | 0.00 | 5.31 | 5.31 | 2.65 |

PORAC (Available only to PORAC Assn members which may include Probation Employees)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 2071 | 484.00 | 484.00 | | 484.00 | 0.00 | 0.00 | 2.08 | 2.08 | 1.04 |
| EE +1 | 2072 | 906.00 | 906.00 | | 586.76 | 319.24 | 0.00 | 3.90 | 3.90 | 1.95 |
| EE +2 | 2073 | 1,151.00 | 1,151.00 | | 670.08 | 480.92 | 0.00 | 4.95 | 4.95 | 2.47 |

DELTA PREFERRED OPTION (DPO) PLUS DENTAL COVERAGE

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|-------|-------|
| EE+1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 48.00 | 24.00 |
|---|--|--|--|--|--|--|--|--|-------|-------|

VISION SERVICE PLAN

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|-------|------|
| 1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 18.01 | 9.01 |
|--|--|--|--|--|--|--|--|--|-------|------|

EE = employee only
 EE+1 = employee plus one dependent
 EE+2 = employee plus two or more dependents

| MONTHLY COUNTY CONTRIBUTION RETIREE MEDICAL | |
|---|--------|
| RETIREE | 507.00 |
| RETIREE + 1 | 586.76 |
| RETIREE + 2 | 670.08 |

**1

TOTAL COUNTY CONTRIBUTION FORMULA FOR EE ONLY IS EQUAL TO 95% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+1 IS EQUAL TO 90% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+2 IS EQUAL TO 90% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM

**2

FLEXIBLE HEALTH ALLOWANCE (FHA) CONTRIBUTION IS 95/90/90 OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM, LESS THE COUNTY MEDICAL CONTRIBUTION. EMPLOYEES MAY USE ALL OR PART OF THEIR FHA TO PURCHASE MEDICAL, DPO PLUS DENTAL AND/OR VSP DEPENDENT VISION. UNUSED FHA WILL BE FORFEITED. EMPLOYEES MUST BE ENROLLED IN A COUNTY MEDICAL PLAN TO PARTICIPATE. FHA MAY NOT BE APPLIED TO CALPERS ADMIN FEE.

**LAW ENFORCEMENT UNIT
 MEDICAL PLAN RATES & MONTHLY COUNTY CONTRIBUTIONS
 FOR CALENDAR YEAR 2010**
 Effective: January 1, 2010 through December 31, 2010

| 2010 MONTHLY COUNTY CONTRIBUTIONS | | |
|-----------------------------------|---------|--------|
| | MEDICAL | FHA |
| EE | 417.15 | 131.31 |
| EE + 1 | 458.92 | 407.08 |
| EE + 2 | 493.11 | 632.69 |

| Plan Code | Monthly Premium | MONTHLY COUNTY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS | | | EE MONTHLY COSTS | | | EE PAY PERIOD COST | | |
|--------------------------------|-----------------|---|------------------------|------------------------|------------------|---------------|---------------|--------------------|--------|--------|
| | | TOTAL **1 Contribution | = Medical Contribution | + FHA **2 Contribution | EE Cost For Plan | EE Cost Admin | Total EE Cost | | | |
| BLUE SHIELD ACCESS+ HMO | | | | | | | | | | |
| EE | 1021 | 577.33 | 548.46 | 95% | 417.15 | 131.31 | 28.87 | 2.48 | 31.35 | 15.67 |
| EE +1 | 1022 | 1,154.66 | 866.00 | 75% | 458.92 | 407.08 | 288.67 | 4.97 | 293.63 | 146.82 |
| EE +2 | 1023 | 1,501.06 | 1,125.80 | 75% | 493.11 | 632.69 | 375.27 | 6.45 | 381.72 | 190.86 |

KAISER (San Jose & SF Bay Area Residents Only)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|--------|------|--------|--------|
| EE | 1041 | 532.56 | 532.56 | | 417.15 | 115.41 | 0.00 | 2.29 | 2.29 | 1.15 |
| EE +1 | 1042 | 1,065.12 | 866.00 | | 458.92 | 407.08 | 199.12 | 4.58 | 203.70 | 101.85 |
| EE +2 | 1043 | 1,384.66 | 1,125.80 | | 493.11 | 632.69 | 258.86 | 5.95 | 264.81 | 132.41 |

PERS CARE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|----------|------|----------|--------|
| EE | 1221 | 868.17 | 548.46 | | 417.15 | 131.31 | 319.71 | 3.73 | 323.44 | 161.72 |
| EE +1 | 1222 | 1,736.34 | 866.00 | | 458.92 | 407.08 | 870.34 | 7.47 | 877.81 | 438.90 |
| EE +2 | 1223 | 2,257.24 | 1,125.80 | | 493.11 | 632.69 | 1,131.44 | 9.71 | 1,141.15 | 570.57 |

PERS CHOICE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|--------|------|--------|--------|
| EE | 1061 | 508.74 | 508.74 | | 417.15 | 91.59 | 0.00 | 2.19 | 2.19 | 1.09 |
| EE +1 | 1062 | 1,017.48 | 866.00 | | 458.92 | 407.08 | 151.48 | 4.38 | 155.86 | 77.93 |
| EE +2 | 1063 | 1,322.72 | 1,125.80 | | 493.11 | 632.69 | 196.92 | 5.69 | 202.61 | 101.30 |

PERS SELECT (Check Provider Directory)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|--------|------|--------|-------|
| EE | 1261 | 474.93 | 474.93 | | 417.15 | 57.78 | 0.00 | 2.04 | 2.04 | 1.02 |
| EE +1 | 1262 | 949.86 | 866.00 | | 458.92 | 407.08 | 83.86 | 4.08 | 87.95 | 43.97 |
| EE +2 | 1263 | 1,234.82 | 1,125.80 | | 493.11 | 632.69 | 109.02 | 5.31 | 114.33 | 57.16 |

PORAC (Available only to PORAC Assn members which may include Probation Employees)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|-------|------|-------|-------|
| EE | 2071 | 484.00 | 484.00 | | 417.15 | 66.85 | 0.00 | 2.08 | 2.08 | 1.04 |
| EE +1 | 2072 | 906.00 | 866.00 | | 458.92 | 407.08 | 40.00 | 3.90 | 43.90 | 21.95 |
| EE +2 | 2073 | 1,151.00 | 1,125.80 | | 493.11 | 632.69 | 25.20 | 4.95 | 30.15 | 15.08 |

OPERATING ENGINEERS PUBLIC EMPLOYEES HEALTH AND WELFARE TRUST FUND

| | | | | | | | | | | |
|-------|--|----------|----------|--|--------|--------|--------|------|--------|--------|
| EE | | 655.00 | 548.46 | | 417.15 | 131.31 | 106.54 | 0.00 | 106.54 | 53.27 |
| EE +1 | | 1,310.00 | 866.00 | | 458.92 | 407.08 | 444.00 | 0.00 | 444.00 | 222.00 |
| EE +2 | | 1,769.00 | 1,125.80 | | 493.11 | 632.69 | 643.20 | 0.00 | 643.20 | 321.60 |

DELTA PREFERRED OPTION (DPO) PLUS DENTAL COVERAGE

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|-------|-------|
| EE+1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 48.00 | 24.00 |
|---|--|--|--|--|--|--|--|--|-------|-------|

VISION SERVICE PLAN

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|-------|------|
| 1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 18.01 | 9.01 |
|--|--|--|--|--|--|--|--|--|-------|------|

EE = employee only
 EE+1 = employee plus one dependent
 EE+2 = employee plus two or more dependents

| MONTHLY COUNTY CONTRIBUTION | |
|-----------------------------|--------|
| RETIREE MEDICAL | |
| RETIREE | 417.15 |
| RETIREE + 1 | 458.92 |
| RETIREE + 2 | 493.11 |

**1
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE ONLY IS EQUAL TO 95% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+1 IS EQUAL TO 75% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+2 IS EQUAL TO 75% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM

**2
 FLEXIBLE HEALTH ALLOWANCE (FHA) CONTRIBUTION IS 95/75/75 OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM, LESS THE COUNTY MEDICAL CONTRIBUTION. EMPLOYEES MAY USE ALL OR PART OF THEIR FHA TO PURCHASE MEDICAL, DPO PLUS DENTAL AND/OR VSP DEPENDENT VISION. UNUSED FHA WILL BE FORFEITED. EMPLOYEES MUST BE ENROLLED IN A COUNTY MEDICAL PLAN TO PARTICIPATE. FHA MAY NOT BE APPLIED TO CALPERS ADMIN FEE.

**SHERIFF'S SUPERVISORY UNIT
 MEDICAL PLAN RATES & MONTHLY COUNTY CONTRIBUTIONS
 FOR CALENDAR YEAR 2010**
 Effective: January 1, 2010 through December 31, 2010

| 2010 MONTHLY COUNTY CONTRIBUTIONS | | |
|-----------------------------------|---------|--------|
| | MEDICAL | FHA |
| EE | 417.15 | 131.31 |
| EE + 1 | 458.92 | 407.08 |
| EE + 2 | 493.11 | 632.69 |

| | Plan Code | Monthly Premium | MONTHLY COUNTY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS | | | EE MONTHLY COSTS | | | EE PAY PERIOD COST | |
|-------------------------|-----------|-----------------|---|------------------------|------------------------|------------------|---------------|---------------|--------------------|--------|
| | | | TOTAL **1 Contribution | = Medical Contribution | + FHA **2 Contribution | EE Cost For Plan | EE Cost Admin | Total EE Cost | | |
| BLUE SHIELD ACCESS+ HMO | | | | | | | | | | |
| EE | 1021 | 577.33 | 548.46 | 95% | 417.15 | 131.31 | 28.87 | 2.48 | 31.35 | 15.67 |
| EE +1 | 1022 | 1,154.66 | 866.00 | 75% | 458.92 | 407.08 | 288.67 | 4.97 | 293.63 | 146.82 |
| EE +2 | 1023 | 1,501.06 | 1,125.80 | 75% | 493.11 | 632.69 | 375.27 | 6.45 | 381.72 | 190.86 |

KAISER (San Jose & SF Bay Area Residents Only)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|--------|------|--------|--------|
| EE | 1041 | 532.56 | 532.56 | | 417.15 | 115.41 | 0.00 | 2.29 | 2.29 | 1.15 |
| EE +1 | 1042 | 1,065.12 | 866.00 | | 458.92 | 407.08 | 199.12 | 4.58 | 203.70 | 101.85 |
| EE +2 | 1043 | 1,384.66 | 1,125.80 | | 493.11 | 632.69 | 258.86 | 5.95 | 264.81 | 132.41 |

PERS CARE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|----------|------|----------|--------|
| EE | 1221 | 868.17 | 548.46 | | 417.15 | 131.31 | 319.71 | 3.73 | 323.44 | 161.72 |
| EE +1 | 1222 | 1,736.34 | 866.00 | | 458.92 | 407.08 | 870.34 | 7.47 | 877.81 | 438.90 |
| EE +2 | 1223 | 2,257.24 | 1,125.80 | | 493.11 | 632.69 | 1,131.44 | 9.71 | 1,141.15 | 570.57 |

PERS CHOICE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|--------|------|--------|--------|
| EE | 1061 | 508.74 | 508.74 | | 417.15 | 91.59 | 0.00 | 2.19 | 2.19 | 1.09 |
| EE +1 | 1062 | 1,017.48 | 866.00 | | 458.92 | 407.08 | 151.48 | 4.38 | 155.86 | 77.93 |
| EE +2 | 1063 | 1,322.72 | 1,125.80 | | 493.11 | 632.69 | 196.92 | 5.69 | 202.61 | 101.30 |

PERS SELECT (Check Provider Directory)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|--------|------|--------|-------|
| EE | 1261 | 474.93 | 474.93 | | 417.15 | 57.78 | 0.00 | 2.04 | 2.04 | 1.02 |
| EE +1 | 1262 | 949.86 | 866.00 | | 458.92 | 407.08 | 83.86 | 4.08 | 87.95 | 43.97 |
| EE +2 | 1263 | 1,234.82 | 1,125.80 | | 493.11 | 632.69 | 109.02 | 5.31 | 114.33 | 57.16 |

PORAC (Available only to PORAC Assn members which may include Probation Employees)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|-------|------|-------|-------|
| EE | 2071 | 484.00 | 484.00 | | 417.15 | 66.85 | 0.00 | 2.08 | 2.08 | 1.04 |
| EE +1 | 2072 | 906.00 | 866.00 | | 458.92 | 407.08 | 40.00 | 3.90 | 43.90 | 21.95 |
| EE +2 | 2073 | 1,151.00 | 1,125.80 | | 493.11 | 632.69 | 25.20 | 4.95 | 30.15 | 15.08 |

OPERATING ENGINEERS PUBLIC EMPLOYEES HEALTH AND WELFARE TRUST FUND

| | | | | | | | | | | |
|-------|--|----------|----------|--|--------|--------|--------|------|--------|--------|
| EE | | 655.00 | 548.46 | | 417.15 | 131.31 | 106.54 | 0.00 | 106.54 | 53.27 |
| EE +1 | | 1,310.00 | 866.00 | | 458.92 | 407.08 | 444.01 | 0.00 | 444.01 | 222.00 |
| EE +2 | | 1,768.00 | 1,125.80 | | 493.11 | 632.69 | 643.20 | 0.00 | 643.20 | 321.60 |

DELTA PREFERRED OPTION (DPO) PLUS DENTAL COVERAGE

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|-------|-------|
| EE+1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 48.00 | 24.00 |
|---|--|--|--|--|--|--|--|--|-------|-------|

VISION SERVICE PLAN

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|-------|------|
| 1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 18.01 | 9.01 |
|--|--|--|--|--|--|--|--|--|-------|------|

EE = employee only
 EE+1 = employee plus one dependent
 EE+2 = employee plus two or more dependents

| MONTHLY COUNTY CONTRIBUTION RETIREE MEDICAL | |
|---|--------|
| RETIREE | 417.15 |
| RETIREE + 1 | 458.92 |
| RETIREE + 2 | 493.11 |

**1
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE ONLY IS EQUAL TO 95% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+1 IS EQUAL TO 75% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+2 IS EQUAL TO 75% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM

**2
 FLEXIBLE HEALTH ALLOWANCE (FHA) CONTRIBUTION IS 95/75/75 OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM, LESS THE COUNTY MEDICAL CONTRIBUTION. EMPLOYEES MAY USE ALL OR PART OF THEIR FHA TO PURCHASE MEDICAL, DPO PLUS DENTAL AND/OR VSP DEPENDENT VISION. UNUSED FHA WILL BE FORFEITED. EMPLOYEES MUST BE ENROLLED IN A COUNTY MEDICAL PLAN TO PARTICIPATE. FHA MAY NOT BE APPLIED TO CALPERS ADMIN FEE.

LAW ENFORCEMENT MIDDLE MANAGEMENT UNIT
 MEDICAL PLAN RATES & MONTHLY COUNTY CONTRIBUTIONS
 FOR CALENDAR YEAR 2010

Effective: January 1, 2010 through December 31, 2010

| 2010 MONTHLY COUNTY CONTRIBUTIONS | | |
|-----------------------------------|---------|--------|
| | MEDICAL | FHA |
| EE | 399.41 | 149.05 |
| EE + 1 | 554.91 | 311.09 |
| EE + 2 | 564.49 | 561.31 |

| Plan Code | Monthly Premium | MONTHLY COUNTY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS | | | EE MONTHLY COSTS | | | EE PAY PERIOD COST | | |
|--------------------------------|-----------------|---|------------------------|------------------------|------------------|-----------------------------------|---------------|--------------------|--------|--------|
| | | TOTAL **1 Contribution | = Medical Contribution | + FHA **2 Contribution | EE Cost For Plan | EE Cost Admin 0.43% of premium | Total EE Cost | | | |
| BLUE SHIELD ACCESS+ HMO | | | | | | | | | | |
| EE | 1021 | 577.33 | 548.46 | 95% | 399.41 | 149.05 | 28.87 | 2.48 | 31.35 | 15.67 |
| EE +1 | 1022 | 1,154.66 | 866.00 | 75% | 554.91 | 311.09 | 288.66 | 4.97 | 293.63 | 146.81 |
| EE +2 | 1023 | 1,501.06 | 1,125.80 | 75% | 564.49 | 561.31 | 375.26 | 6.45 | 381.71 | 190.86 |

KAISER (San Jose & SF Bay Area Residents Only)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|--------|------|--------|--------|
| EE | 1041 | 532.56 | 532.56 | | 399.41 | 133.15 | 0.00 | 2.29 | 2.29 | 1.15 |
| EE +1 | 1042 | 1,065.12 | 866.00 | | 554.91 | 311.09 | 199.12 | 4.58 | 203.70 | 101.85 |
| EE +2 | 1043 | 1,384.66 | 1,125.80 | | 564.49 | 561.31 | 258.86 | 5.95 | 264.81 | 132.41 |

PERS CARE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|----------|------|----------|--------|
| EE | 1221 | 868.17 | 548.46 | | 399.41 | 149.05 | 319.71 | 3.73 | 323.44 | 161.72 |
| EE +1 | 1222 | 1,736.34 | 866.00 | | 554.91 | 311.09 | 870.34 | 7.47 | 877.81 | 438.90 |
| EE +2 | 1223 | 2,257.24 | 1,125.80 | | 564.49 | 561.31 | 1,131.44 | 9.71 | 1,141.15 | 570.57 |

PERS CHOICE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|--------|------|--------|--------|
| EE | 1061 | 508.74 | 508.74 | | 399.41 | 109.33 | 0.00 | 2.19 | 2.19 | 1.09 |
| EE +1 | 1062 | 1,017.48 | 866.00 | | 554.91 | 311.09 | 151.48 | 4.38 | 155.86 | 77.93 |
| EE +2 | 1063 | 1,322.72 | 1,125.80 | | 564.49 | 561.31 | 196.92 | 5.69 | 202.61 | 101.30 |

PERS SELECT (Check Provider Directory)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|--------|------|--------|-------|
| EE | 1261 | 474.93 | 474.93 | | 399.41 | 75.52 | 0.00 | 2.04 | 2.04 | 1.02 |
| EE +1 | 1262 | 949.86 | 866.00 | | 554.91 | 311.09 | 83.86 | 4.08 | 87.95 | 43.97 |
| EE +2 | 1263 | 1,234.82 | 1,125.80 | | 564.49 | 561.31 | 109.02 | 5.31 | 114.33 | 57.16 |

PORAC (Available only to PORAC Assn members which may include Probation Employees)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|-------|------|-------|-------|
| EE | 2071 | 484.00 | 484.00 | | 399.41 | 84.59 | 0.00 | 2.08 | 2.08 | 1.04 |
| EE +1 | 2072 | 906.00 | 866.00 | | 554.91 | 311.09 | 40.00 | 3.90 | 43.90 | 21.95 |
| EE +2 | 2073 | 1,151.00 | 1,125.80 | | 564.49 | 561.31 | 25.20 | 4.95 | 30.15 | 15.08 |

OPERATING ENGINEERS PUBLIC EMPLOYEES HEALTH AND WELFARE TRUST FUND

| | | | | | | | | | | |
|-------|--|----------|----------|--|--------|--------|--------|------|--------|--------|
| EE | | 655.00 | 548.46 | | 399.41 | 149.05 | 106.54 | 0.00 | 106.54 | 53.27 |
| EE +1 | | 1,310.00 | 866.00 | | 554.91 | 311.09 | 444.01 | 0.00 | 444.01 | 222.00 |
| EE +2 | | 1,769.00 | 1,125.80 | | 564.49 | 561.31 | 643.20 | 0.00 | 643.20 | 321.60 |

DELTA PREFERRED OPTION (DPO) PLUS DENTAL COVERAGE

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|-------|-------|
| EE+1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 48.00 | 24.00 |
|---|--|--|--|--|--|--|--|--|-------|-------|

VISION SERVICE PLAN

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|-------|------|
| 1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 18.01 | 9.01 |
|--|--|--|--|--|--|--|--|--|-------|------|

EE = employee only
 EE+1 = employee plus one dependent
 EE+2 = employee plus two or more dependents

| MONTHLY COUNTY CONTRIBUTION | |
|-----------------------------|--------|
| RETIREE MEDICAL | |
| RETIREE | 399.41 |
| RETIREE + 1 | 554.91 |
| RETIREE + 2 | 564.49 |

**1

TOTAL COUNTY CONTRIBUTION FORMULA FOR EE ONLY IS EQUAL TO 95% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+1 IS EQUAL TO 75% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+2 IS EQUAL TO 75% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM

**2

FLEXIBLE HEALTH ALLOWANCE (FHA) CONTRIBUTION IS 95/75/75 OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM, LESS THE COUNTY MEDICAL CONTRIBUTION. EMPLOYEES MAY USE ALL OR PART OF THEIR FHA TO PURCHASE MEDICAL, DPO PLUS DENTAL AND/OR VSP DEPENDENT VISION. UNUSED FHA WILL BE FORFEITED. EMPLOYEES MUST BE ENROLLED IN A COUNTY MEDICAL PLAN TO PARTICIPATE. FHA MAY NOT BE APPLIED TO CALPERS ADMIN FEE.

**CORRECTIONAL OFFICERS
MEDICAL PLAN RATES & MONTHLY COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2010**
Effective: January 1, 2010 through December 31, 2010

| 2009 MONTHLY COUNTY CONTRIBUTIONS | | |
|-----------------------------------|---------|--------|
| | MEDICAL | FHA |
| EE | 503.69 | 44.77 |
| EE + 1 | 557.00 | 424.46 |
| EE + 2 | 613.00 | 662.90 |

| Plan Code | Monthly Premium | MONTHLY COUNTY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS | | | EE MONTHLY COSTS | | | EE PAY PERIOD COST | | |
|--------------------------------|-----------------|---|----------------------|----------------------|------------------|----------------------------------|---------------|--------------------|--------|--------|
| | | TOTAL **1 Contribution | Medical Contribution | FHA **2 Contribution | EE Cost For Plan | EE Cost Admin .43% of Premium | Total EE Cost | | | |
| BLUE SHIELD ACCESS+ HMO | | | | | | | | | | |
| EE | 1021 | 577.33 | 548.46 | 95% | 503.69 | 44.77 | 28.87 | 2.48 | 31.35 | 15.67 |
| EE +1 | 1022 | 1,154.66 | 981.46 | 85% | 557.00 | 424.46 | 173.20 | 4.97 | 178.16 | 89.08 |
| EE +2 | 1023 | 1,501.06 | 1,275.90 | 85% | 613.00 | 662.90 | 225.16 | 6.45 | 231.61 | 115.81 |

KAISER (San Jose & SF Bay Area Residents Only)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|--------|------|--------|-------|
| EE | 1041 | 532.56 | 532.56 | | 503.69 | 28.87 | 0.00 | 2.29 | 2.29 | 1.15 |
| EE +1 | 1042 | 1,065.12 | 981.46 | | 557.00 | 424.46 | 83.66 | 4.58 | 88.24 | 44.12 |
| EE +2 | 1043 | 1,384.66 | 1,275.90 | | 613.00 | 662.90 | 108.76 | 5.95 | 114.71 | 57.36 |

PERS CARE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|--------|------|--------|--------|
| EE | 1221 | 868.17 | 548.46 | | 503.69 | 44.77 | 319.71 | 3.73 | 323.44 | 161.72 |
| EE +1 | 1222 | 1,736.34 | 981.46 | | 557.00 | 424.46 | 754.88 | 7.47 | 762.35 | 381.17 |
| EE +2 | 1223 | 2,257.24 | 1,275.90 | | 613.00 | 662.90 | 981.34 | 9.71 | 991.05 | 495.52 |

PERS CHOICE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|-------|------|-------|-------|
| EE | 1061 | 508.74 | 508.74 | | 503.69 | 5.05 | 0.00 | 2.19 | 2.19 | 1.09 |
| EE +1 | 1062 | 1,017.48 | 981.46 | | 557.00 | 424.46 | 36.02 | 4.38 | 40.39 | 20.20 |
| EE +2 | 1063 | 1,322.72 | 1,275.90 | | 613.00 | 662.90 | 46.82 | 5.69 | 52.51 | 26.25 |

PERS SELECT (Check Provider Directory)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 1261 | 474.93 | 474.93 | | 474.93 | 0.00 | 0.00 | 2.04 | 2.04 | 1.02 |
| EE +1 | 1262 | 949.86 | 949.86 | | 557.00 | 392.86 | 0.00 | 4.08 | 4.08 | 2.04 |
| EE +2 | 1263 | 1,234.82 | 1,234.82 | | 613.00 | 621.82 | 0.00 | 5.31 | 5.31 | 2.65 |

DELTA PREFERRED OPTION (DPO) PLUS DENTAL COVERAGE

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|-------|-------|
| EE+1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 48.00 | 24.00 |
|---|--|--|--|--|--|--|--|--|-------|-------|

VISION SERVICE PLAN

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|-------|------|
| 1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 18.01 | 9.01 |
|--|--|--|--|--|--|--|--|--|-------|------|

EE = employee only
EE+1 = employee plus one dependent
EE+2 = employee plus two or more dependents

| MONTHLY COUNTY CONTRIBUTION RETIREE MEDICAL | |
|--|--------|
| RETIREE | 503.69 |
| RETIREE + 1 | 557.00 |
| RETIREE + 2 | 613.00 |

**1

TOTAL COUNTY CONTRIBUTION FORMULA FOR EE ONLY IS EQUAL TO 95% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+1 IS EQUAL TO 85% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+2 IS EQUAL TO 85% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM

**2

FLEXIBLE HEALTH ALLOWANCE (FHA) CONTRIBUTION IS 95/85/85 OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM, LESS THE COUNTY MEDICAL CONTRIBUTION. EMPLOYEES MAY USE ALL OR PART OF THEIR FHA TO PURCHASE MEDICAL, DPO PLUS DENTAL AND/OR VSP DEPENDENT VISION. UNUSED FHA WILL BE FORFEITED. EMPLOYEES MUST BE ENROLLED IN A COUNTY MEDICAL PLAN TO PARTICIPATE. FHA MAY NOT BE APPLIED TO CALPERS ADMIN FEE.

**HSA PHYSICIANS ASSOCIATION
 MEDICAL PLAN RATES & MONTHLY COUNTY CONTRIBUTIONS
 FOR CALENDAR YEAR 2010
 Effective: January 1, 2010 through December 31, 2010**

| 2010 MONTHLY COUNTY CONTRIBUTIONS | | |
|-----------------------------------|---------|--------|
| | MEDICAL | FHA |
| EE | 327.21 | 221.25 |
| EE + 1 | 388.41 | 650.78 |
| EE + 2 | 454.49 | 896.46 |

| Plan Code | Monthly Premium | MONTHLY COUNTY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS | | | EE MONTHLY COSTS | | | EE PAY PERIOD COST | | |
|--------------------------------|-----------------|---|----------------------|----------------------|------------------|----------------------------------|---------------|--------------------|--------|-------|
| | | TOTAL **1 Contribution | Medical Contribution | FHA **2 Contribution | EE Cost For Plan | EE Cost Admin .43% of Premium | Total EE Cost | | | |
| BLUE SHIELD ACCESS+ HMO | | | | | | | | | | |
| EE | 1021 | 577.33 | 548.46 | 95% | 327.21 | 221.25 | 28.87 | 2.48 | 31.35 | 15.67 |
| EE +1 | 1022 | 1,154.66 | 1,039.19 | 90% | 388.41 | 650.78 | 115.47 | 4.97 | 120.43 | 60.22 |
| EE +2 | 1023 | 1,501.06 | 1,350.95 | 90% | 454.49 | 896.46 | 150.11 | 6.45 | 156.56 | 78.28 |

KAISER (San Jose & SF Bay Area Residents Only)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|-------|------|-------|-------|
| EE | 1041 | 532.56 | 532.56 | | 327.21 | 205.35 | 0.00 | 2.29 | 2.29 | 1.15 |
| EE +1 | 1042 | 1,065.12 | 1,039.19 | | 388.41 | 650.78 | 25.93 | 4.58 | 30.51 | 15.26 |
| EE +2 | 1043 | 1,384.66 | 1,350.95 | | 454.49 | 896.46 | 33.71 | 5.95 | 39.66 | 19.83 |

PERS CARE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|--------|------|--------|--------|
| EE | 1221 | 868.17 | 548.46 | | 327.21 | 221.25 | 319.71 | 3.73 | 323.44 | 161.72 |
| EE +1 | 1222 | 1,736.34 | 1,039.19 | | 388.41 | 650.78 | 697.15 | 7.47 | 704.62 | 352.31 |
| EE +2 | 1223 | 2,257.24 | 1,350.95 | | 454.49 | 896.46 | 906.29 | 9.71 | 916.00 | 458.00 |

PERS CHOICE

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 1061 | 508.74 | 508.74 | | 327.21 | 181.53 | 0.00 | 2.19 | 2.19 | 1.09 |
| EE +1 | 1062 | 1,017.48 | 1,017.48 | | 388.41 | 629.07 | 0.00 | 4.38 | 4.38 | 2.19 |
| EE +2 | 1063 | 1,322.72 | 1,322.72 | | 454.49 | 868.23 | 0.00 | 5.69 | 5.69 | 2.84 |

PERS SELECT (Check Provider Directory)

| | | | | | | | | | | |
|-------|------|----------|----------|--|--------|--------|------|------|------|------|
| EE | 1261 | 474.93 | 474.93 | | 327.21 | 147.72 | 0.00 | 2.04 | 2.04 | 1.02 |
| EE +1 | 1262 | 949.86 | 949.86 | | 388.41 | 561.45 | 0.00 | 4.08 | 4.08 | 2.04 |
| EE +2 | 1263 | 1,234.82 | 1,234.82 | | 454.49 | 780.33 | 0.00 | 5.31 | 5.31 | 2.65 |

DELTA PREFERRED OPTION (DPO) PLUS DENTAL COVERAGE

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|-------|-------|
| EE+1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 48.00 | 24.00 |
|---|--|--|--|--|--|--|--|--|-------|-------|

VISION SERVICE PLAN

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|-------|------|
| 1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | | | 18.01 | 9.01 |
|--|--|--|--|--|--|--|--|--|-------|------|

EE = employee only
 EE+1 = employee plus one dependent
 EE+2 = employee plus two or more dependents

| MONTHLY COUNTY CONTRIBUTION RETIREE MEDICAL | |
|--|--------|
| RETIREE | 327.21 |
| RETIREE + 1 | 388.41 |
| RETIREE + 2 | 454.49 |

**1
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE ONLY IS EQUAL TO 95% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+1 IS EQUAL TO 90% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+2 IS EQUAL TO 90% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM

**2
 FLEXIBLE HEALTH ALLOWANCE (FHA) CONTRIBUTION IS 95/90/90 OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM, LESS THE COUNTY MEDICAL CONTRIBUTION. EMPLOYEES MAY USE ALL OR PART OF THEIR FHA TO PURCHASE MEDICAL, DPO PLUS DENTAL AND/OR VSP DEPENDENT VISION. UNUSED FHA WILL BE FORFEITED. EMPLOYEES MUST BE ENROLLED IN A COUNTY MEDICAL PLAN TO PARTICIPATE. FHA MAY NOT BE APPLIED TO CALPERS ADMIN FEE.

DISTRICT ATTORNEY INSPECTORS UNIT NO FHA
 MEDICAL PLAN RATES & MONTHLY COUNTY CONTRIBUTIONS
 FOR CALENDAR YEAR 2010
 Effectiv January 1, 2010 through December 31, 2010

| Plan Code | Monthly Premium | MONTHLY COUNTY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS | | EE MONTHLY COSTS | | | EE PAY PERIOD COST |
|---|-----------------|---|----------|------------------|-----------------------------------|---------------|--------------------|
| | | COUNTY CONTRIBUTION BASED ON 95%/75%/75% OF 2009 BLUE SHIELD HMO PREMIUMS | | EE Cost For Plan | EE Cost Admin 0.43% of premium | Total EE Cost | |
| BLUE SHIELD ACCESS+ HMO | | | | | | | |
| EE | 1021 | 577.33 | 532.54 | 44.79 | 2.48 | 47.27 | 23.64 |
| EE +1 | 1022 | 1,154.66 | 840.86 | 313.80 | 4.97 | 318.77 | 159.38 |
| EE +2 | 1023 | 1,501.06 | 1,093.11 | 407.95 | 6.45 | 414.40 | 207.20 |
| KAISER (San Jose & SF Bay Area Residents Only) | | | | | | | |
| EE | 1041 | 532.56 | 532.54 | 0.02 | 2.29 | 2.31 | 1.16 |
| EE +1 | 1042 | 1,065.12 | 840.86 | 224.26 | 4.58 | 228.84 | 114.42 |
| EE +2 | 1043 | 1,384.66 | 1,093.11 | 291.55 | 5.95 | 297.50 | 148.75 |
| PERS CARE | | | | | | | |
| EE | 1221 | 868.17 | 532.54 | 335.63 | 3.73 | 339.36 | 169.68 |
| EE +1 | 1222 | 1,736.34 | 840.86 | 895.48 | 7.47 | 902.95 | 451.47 |
| EE +2 | 1223 | 2,257.24 | 1,093.11 | 1,164.13 | 9.71 | 1,173.84 | 586.92 |
| PERS CHOICE | | | | | | | |
| EE | 1061 | 508.74 | 508.74 | 0.00 | 2.19 | 2.19 | 1.09 |
| EE +1 | 1062 | 1,017.48 | 840.86 | 176.62 | 4.38 | 181.00 | 90.50 |
| EE +2 | 1063 | 1,322.72 | 1,093.11 | 229.61 | 5.69 | 235.30 | 117.65 |
| PERS SELECT (Check Provider Directory) | | | | | | | |
| EE | 1261 | 474.93 | 474.93 | 0.00 | 2.04 | 2.04 | 1.02 |
| EE +1 | 1262 | 949.86 | 840.86 | 109.00 | 4.08 | 113.08 | 56.54 |
| EE +2 | 1263 | 1,234.82 | 1,093.11 | 141.71 | 5.31 | 147.02 | 73.51 |
| PORAC (Available only to PORAC Assn members which may include Probation Employees) | | | | | | | |
| EE | 2071 | 484.00 | 484.00 | 0.00 | 2.08 | 2.08 | 1.04 |
| EE +1 | 2072 | 906.00 | 840.86 | 65.14 | 3.90 | 69.04 | 34.52 |
| EE +2 | 2073 | 1,151.00 | 1,093.11 | 57.89 | 4.95 | 62.84 | 31.42 |
| DELTA PREFERRED OPTION (DPO) PLUS DENTAL COVERAGE | | | | | | | |
| EE+1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | 48.00 | 24.00 |
| VISION SERVICE PLAN | | | | | | | |
| 1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | 18.01 | 9.01 |

EE = employee only
 EE+1 = employee plus one dependent
 EE+2 = employee plus two or more dependents

| MONTHLY COUNTY CONTRIBUTION RETIREE MEDICAL | |
|---|--------|
| RETIREE | 508.94 |
| RETIREE +1 | 589.01 |
| RETIREE +2 | 669.62 |

TOTAL COUNTY CONTRIBUTION FORMULA FOR EE ONLY IS EQUAL TO 95% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM FOR 2009
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+1 IS EQUAL TO 75% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM FOR 2009
 TOTAL COUNTY CONTRIBUTION FORMULA FOR EE+2 IS EQUAL TO 75% OF THE BLUE SHIELD ACCESS (EXT) HMO PREMIUM FOR 2009