

**MODESTO POLICE MANAGEMENT ASSOCIATION (MPMA)**  
**Plan Year January 1, 2011 - December 31, 2011**

	<u>TOTAL PREMIUM</u>	<u>CITY CONTRIBUTION</u>	<u>EMPLOYEE DEDUCTION</u>	<u>IN-LIEU CONTRIBUTION TO DEFERRED COMP</u>
<b><u>KAISER HMO</u></b>				
Single	\$302.09	\$298.00	\$4.09	\$0.00
Family	\$767.36	\$525.00	\$242.36	\$0.00
<b><u>KAISER HDHP</u></b>				
Single	\$205.15	\$298.00	\$0.00	(Deposited to HSA) \$92.85
Family	\$522.14	\$525.00	\$0.00	\$2.86
<b><u>ANTHEM BLUE CROSS HMO</u></b>				
Single	\$385.21	\$298.00	\$87.21	\$0.00
Family	\$977.59	\$525.00	\$452.59	\$0.00
<b><u>ANTHEM BLUE CROSS PPO</u></b>				
Single	\$568.44	\$298.00	\$270.44	\$0.00
Family	\$1,441.11	\$525.00	\$916.11	\$0.00
<b><u>ANTHEM BLUE CROSS HDHP</u></b>				
Single	\$224.38	\$298.00	\$0.00	(Deposited to HSA) \$73.62
Family	\$570.76	\$525.00	\$45.76	\$0.00
<b><u>OPT-OUT (Enrolled in Dental/Vision only)</u></b>				
Single	\$28.28	\$225.00	\$0.00	\$196.72
Family	\$74.66	\$225.00	\$0.00	\$150.34

**CITY CONTRIBUTIONS ARE BASED ON 2009-10 LETTER OF AGREEMENT. ONCE MPMA NEGOTIATIONS ARE CONCLUDED, CONTRIBUTION RATES ARE SUBJECT TO CHANGE.**

**RATES SHOWN ABOVE ARE BI-WEEKLY (24 pay periods per year)**

**PREMIUMS SHOWN ABOVE INCLUDE DELTA DENTAL FOR DENTAL AND VSP FOR VISION.**