

CITY OF ALEXANDRIA
FY 2012 Health Insurance Premiums
FOR REGULAR FULL-TIME EMPLOYEES - HIRED ON OR AFTER 7/1/2010
Effective July 1, 2011 through June 30, 2012

CITY PLANS	HMO (In Plan Coverage Only)			POS Coverage (In Plan or out of Plan Coverage)		
	TOTAL COST	CITY COST 80%	EMPLOYEE COST 20%	TOTAL COST	CITY COST	EMPLOYEE COST 20% + POS
Kaiser Permanente						
Individual						
Monthly	\$474.12	\$379.30	\$94.82	\$618.45	\$379.30	\$239.15
Bi-Weekly*			\$47.41			\$119.58
Family						
Monthly	\$1,118.64	\$894.91	\$223.73	\$1,446.67	\$894.91	\$551.76
Bi-Weekly*			\$111.86			\$275.88
United Health Care						
Individual						
Monthly	\$532.21	\$425.77	\$106.44	\$635.67	\$425.77	\$209.90
Bi-Weekly*			\$53.22			\$104.95
Family						
Monthly	\$1,255.79	\$1,004.63	\$251.16	\$1,487.01	\$1,004.63	\$482.38
Bi-Weekly*			\$125.58			\$241.19
*Bi-Weekly payments are for 24 pay periods. Premium payments are not deducted for two pay periods per year. updated: 5/4/2011						

CITY OF ALEXANDRIA
FY 2012 Health Insurance Premiums
FOR REGULAR FULL-TIME EMPLOYEES - HIRED BEFORE 7/1/2010
Effective July 1, 2011 through June 30, 2012

CITY PLANS	HMO (In Plan Coverage Only)			POS Coverage (In Plan or out of Plan Coverage)		
	TOTAL COST	CITY COST 84%	EMPLOYEE COST 16%	TOTAL COST	CITY COST	EMPLOYEE COST 16% + POS
Kaiser Permanente						
Individual						
Monthly	\$474.12	\$398.26	\$75.86	\$618.45	\$398.26	\$220.19
Bi-Weekly*			\$37.93			\$110.09
Family						
Monthly	\$1,118.64	\$939.66	\$178.98	\$1,446.67	\$939.66	\$507.01
Bi-Weekly*			\$89.49			\$253.51
United Health Care						
Individual						
Monthly	\$532.21	\$447.06	\$85.15	\$635.67	\$447.06	\$188.61
Bi-Weekly*			\$42.58			\$94.31
Family						
Monthly	\$1,255.79	\$1,054.86	\$200.93	\$1,487.01	\$1,054.86	\$432.15
Bi-Weekly*			\$100.46			\$216.07
*Bi-Weekly payments are for 24 pay periods. Premium payments are not deducted for two pay periods per year. updated: 5/4/2011						

CITY OF ALEXANDRIA
FY 2012 Health Insurance Premiums
FOR REGULAR PART-TIME EMPLOYEES
Effective July 1, 2011 through June 30, 2012

CITY PLANS	HMO (In Plan Coverage Only)			POS Coverage (In Plan or out of Plan Coverage)		
	TOTAL COST	CITY COST 50%	EMPLOYEE COST 50%	TOTAL COST	CITY COST	EMPLOYEE COST 50% + POS
Kaiser Permanente						
Individual						
Monthly	\$474.12	\$237.06	\$237.06	\$618.45	\$237.06	\$381.39
Bi-Weekly*			\$118.53			\$190.70
Family						
Monthly	\$1,118.64	\$559.32	\$559.32	\$1,446.67	\$559.32	\$887.35
Bi-Weekly*			\$279.66			\$443.68
United Health Care						
	Choice (In Plan Coverage Only)			Choice Plus Coverage (In Plan or out of Plan Coverage)		
Individual						
Monthly	\$532.21	\$266.11	\$266.11	\$635.67	\$266.11	\$369.56
Bi-Weekly*			\$133.05			\$184.78
Family						
Monthly	\$1,255.79	\$627.89	\$627.89	\$1,487.01	\$627.89	\$859.12
Bi-Weekly*			\$313.95			\$429.56
*Bi-Weekly payments are for 24 pay periods. Premium payments are not deducted for two pay periods per year.						
updated: 5/4/2011						

CITY OF ALEXANDRIA
 FY 2012 Health Insurance Premiums
 FOR CITY RETIREES
 Effective July 1, 2011 through June 30, 2012

CITY PLANS	HMO (In Plan Coverage Only)			POS Coverage (In Plan or out of Plan Coverage)		
	TOTAL COST	CITY COST	RETIREE COST	TOTAL COST	CITY COST	RETIREE COST
Kaiser Permanente Under 65						
Individual Monthly Premium	\$473.15	\$260.00	\$213.15	\$698.68	\$260.00	\$438.68
Retiree + One Monthly Premium	\$905.09	\$260.00	\$645.09	\$1,397.37	\$260.00	\$1,137.37
Family Monthly Premium	\$1,419.46	\$260.00	\$1,159.46	\$2,026.19	\$260.00	\$1,766.19
Kaiser Permanente Over 65	Kaiser HMO >65 Medicare Plus - Must have Parts A & B			POS Medicare Plus		
Individual Monthly Premium	Note: Kaiser Medicare Rates effective 1/1/2011 through 12/31/2011 \$206.55	\$260.00	\$0.00	N/A		
Retiree + One (Both Medicare) Monthly Premium	\$413.10	\$260.00	\$153.10			
Retiree + One (One Medicare, One Not) Monthly Premium	\$679.70	\$260.00	\$419.70			
CITY PLANS	TOTAL COST	CITY COST	RETIREE COST	TOTAL COST	CITY COST	RETIREE COST
United Health Care Under 65		UHC Choice (In Plan Coverage Only)		Choice Plus Coverage (In Plan or Out of Plan Coverage)		
Individual Monthly Premium	\$535.35	\$260.00	\$275.35	\$635.69	\$260.00	\$375.69
Retiree + One Monthly Premium	\$1,025.77	\$260.00	\$765.77	\$1,216.51	\$260.00	\$956.51
Family Monthly Premium	\$1,608.78	\$260.00	\$1,348.78	\$1,907.07	\$260.00	\$1,647.07
United Health Care Over 65		Choice Coverage >65 Must have Medicare Parts A & B		Choice Plus Coverage >65 Must have Medicare Parts A & B		
Individual Monthly Premium	\$455.83	\$260.00	\$195.83	\$540.34	\$260.00	\$280.34
Retiree + One Monthly Premium	\$945.81	\$260.00	\$685.81	\$1,121.15	\$260.00	\$861.15
Family Monthly Premium	\$1,528.33	\$260.00	\$1,268.33	\$1,868.59	\$260.00	\$1,608.59

CITY OF ALEXANDRIA
FY 2012 Health Insurance Premiums
FOR COBRA
Effective July 1, 2011 through June 30, 2012

CITY PLANS	HMO (In Plan Coverage Only)			POS Coverage (In Plan or out of Plan Coverage)		
	MONTHLY PREMIUM	2% ADMIN FEE	EMPLOYEE COST	MONTHLY PREMIUM	2% ADMIN FEE	EMPLOYEE COST
Kaiser Permanente						
Individual Monthly	\$474.12	\$9.48	\$483.60	\$618.45	\$12.37	\$630.82
Family Monthly	\$1,118.64	\$22.37	\$1,141.01	\$1,446.67	\$28.93	\$1,475.60
United Health Care						
	Choice (In Plan Coverage Only)			Choice Plus Coverage (In Plan or out of Plan Coverage)		
Individual Monthly	\$532.21	\$10.64	\$542.85	\$635.67	\$12.71	\$648.38
Family Monthly	\$1,255.79	\$25.12	\$1,280.91	\$1,487.01	\$29.74	\$1,516.75
updated 5/4/2011						