

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

CITY PLANS	HMO (In Plan Coverage Only)			POS Coverage (In Plan or out of Plan Coverage)		
	TOTAL COST	CITY COST	EMPLOYEE COST 20%	TOTAL COST	CITY COST	EMPLOYEE COST 20% + POS
Kaiser Permanente						
Individual						
Monthly	\$441.08	\$352.86	\$88.22	\$575.92	\$352.86	\$223.06
Bi-Weekly*			\$44.11			\$111.53
Family						
Monthly	\$1,040.68	\$832.54	\$208.14	\$1,347.20	\$832.54	\$514.66
Bi-Weekly*			\$104.07			\$257.33
United Health Care						
	Choice (In Plan Coverage Only)			Choice Plus Coverage (In Plan or out of Plan Coverage)		
Individual						
Monthly	\$506.87	\$405.50	\$101.37	\$605.40	\$405.50	\$199.90
Bi-Weekly*			\$50.69			\$99.95
Family						
Monthly	\$1,195.99	\$956.79	\$239.20	\$1,416.20	\$956.79	\$459.41
Bi-Weekly*			\$119.60			\$229.71
updated: 4/26/2010						

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

CITY PLANS	HMO (In Plan Coverage Only)			POS Coverage (In Plan or out of Plan Coverage)		
	TOTAL COST	CITY COST	EMPLOYEE COST 13%	TOTAL COST	CITY COST	EMPLOYEE COST 13% + POS
Kaiser Permanente						
Individual						
Monthly	\$441.08	\$383.74	\$57.34	\$575.92	\$383.74	\$192.18
Bi-Weekly*			\$28.67			\$96.09
Family						
Monthly	\$1,040.68	\$905.39	\$135.29	\$1,347.20	\$905.39	\$441.81
Bi-Weekly*			\$67.65			\$220.91
United Health Care						
	Choice (In Plan Coverage Only)			Choice Plus Coverage (In Plan or out of Plan Coverage)		
Individual						
Monthly	\$506.87	\$440.98	\$65.89	\$605.40	\$440.98	\$164.42
Bi-Weekly*			\$32.95			\$82.21
Family						
Monthly	\$1,195.99	\$1,040.51	\$155.48	\$1,416.20	\$1,040.51	\$375.69
Bi-Weekly*			\$77.74			\$187.85
updated: 4/26/2010						

CITY OF ALEXANDRIA
FY 2011 Health Insurance Premiums
FOR REGULAR PART-TIME EMPLOYEES
Effective July 1, 2010 through June 30, 2011

CITY PLANS	HMO (In Plan Coverage Only)			POS Coverage (In Plan or out of Plan Coverage)		
	TOTAL COST	CITY COST	EMPLOYEE COST 50%	TOTAL COST	CITY COST	EMPLOYEE COST 50% + POS
Kaiser Permanente						
Individual Monthly Bi-Weekly*	\$441.08	\$220.54	\$220.54 \$110.27	\$575.92	\$220.54	\$355.38 \$177.69
Family Monthly Bi-Weekly*	\$1,040.68	\$520.33	\$520.35 \$260.18	\$1,347.20	\$520.33	\$826.87 \$413.44
United Health Care						
	Choice (In Plan Coverage Only)			Choice Plus Coverage (In Plan or out of Plan Coverage)		
Individual Monthly Bi-Weekly*	\$506.87	\$253.44	\$253.43 \$126.72	\$605.40	\$253.44	\$351.96 \$175.98
Family Monthly Bi-Weekly*	\$1,195.99	\$598.00	\$597.99 \$299.00	\$1,416.20	\$598.00	\$818.20 \$409.10
updated 4/26/2010						

CITY OF ALEXANDRIA
 FY 2010 Health Insurance Premiums
 FOR CITY RETIREES
 Effective July 1, 2010

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	\$440.16	\$260.00	\$180.16	\$650.63	\$260.00	\$390.63
Retiree + One Monthly Premium	\$841.98	\$260.00	\$581.98	\$1,301.27	\$260.00	\$1,041.27
Family Monthly Premium	\$1,320.47	\$260.00	\$1,060.47	\$1,886.84	\$260.00	\$1,626.84
Kaiser Permanente Over 65	Kaiser HMO >65 Medicare Plus - Must have Parts A & B			POS Medicare Plus		
Individual Monthly Premium	\$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	\$646.71	\$260.00	\$386.71			
CITY PLANS	TOTAL COST	CITY COST	RETIREE COST	TOTAL COST	CITY COST	RETIREE COST
United Health Care Under 65						
Individual Monthly Premium	\$509.86	\$260.00	\$249.86	\$605.42	\$260.00	\$345.42
Retiree + One Monthly Premium	\$976.92	\$260.00	\$716.92	\$1,158.58	\$260.00	\$898.58
Family Monthly Premium	\$1,532.17	\$260.00	\$1,272.17	\$1,816.26	\$260.00	\$1,556.26
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	\$434.12	\$260.00	\$174.12	\$514.61	\$260.00	\$254.61
Retiree + One Monthly Premium	\$900.77	\$260.00	\$640.77	\$1,067.76	\$260.00	\$807.76
Family Monthly Premium	\$1,455.55	\$260.00	\$1,195.55	\$1,779.61	\$260.00	\$1,519.61

CITY OF ALEXANDRIA
FY 2010 Health Insurance Premiums
FOR COBRA
Effective July 1, 2010 through June 30, 2011

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	\$441.08	\$8.82	\$449.90	\$575.92	\$11.52	\$587.44
Family Monthly	\$1,040.68	\$20.81	\$1,061.49	\$1,347.20	\$26.94	\$1,374.14
United Health Care						
	Choice (In Plan Coverage Only)			Choice Plus Coverage (In Plan or out of Plan Coverage)		
Individual Monthly	\$506.87	\$10.14	\$517.01	\$605.40	\$12.11	\$617.51
Family Monthly	\$1,195.99	\$23.92	\$1,219.91	\$1,416.20	\$28.32	\$1,444.52
updated 4/26/2010						