

**CITY OF PACIFIC GROVE
HEALTH INSURANCE PREMIUM RATES EFFECTIVE JANUARY 1, 2009**

PERS-CARE					
COVERAGE PLAN	CODE	HEALTH	DENTAL	VISION	TOTAL
	M1				
EMPLOYEE ONLY	3271	\$ 779.53	\$ 36.10	\$ 12.35	\$ 827.98
EMPLOYEE & 1 DEP	3272	\$ 1,559.06	\$ 71.60	\$ 26.55	\$ 1,657.21
EMPLOYEE & 2 OR MORE DEP	3272	\$ 2,026.78	\$ 90.30	\$ 26.55	\$ 2,143.63

PERS-CHOICE					
COVERAGE PLAN	CODE	HEALTH	DENTAL	VISION	TOTAL
	M2				
EMPLOYEE ONLY	3221	\$ 501.59	\$ 36.10	\$ 12.35	\$ 550.04
EMPLOYEE & 1 DEP	3222	\$ 1,003.18	\$ 71.60	\$ 26.55	\$ 1,101.33
EMPLOYEE & 2 OR MORE DEP	3223	\$ 1,304.13	\$ 90.30	\$ 26.55	\$ 1,420.98

PERS-SELECT ***					
COVERAGE PLAN	CODE	HEALTH	DENTAL	VISION	TOTAL
EMPLOYEE ONLY	531	\$ 471.10	\$ 36.10	\$ 12.35	\$ 519.55
EMPLOYEE & 1 DEP	532	\$ 942.20	\$ 71.60	\$ 26.55	\$ 1,040.35
EMPLOYEE & 2 OR MORE DEP	533	\$ 1,224.86	\$ 90.30	\$ 26.55	\$ 1,341.71

PORAC					
COVERAGE PLAN	CODE	HEALTH	DENTAL	VISION	TOTAL
	M3				
EMPLOYEE ONLY	2071	\$ 484.00	\$ 36.10	\$ 12.35	\$ 532.45
EMPLOYEE & 1 DEP	2072	\$ 906.00	\$ 71.60	\$ 26.55	\$ 1,004.15
EMPLOYEE & 2 OR MORE DEP	2073	\$ 1,151.00	\$ 90.30	\$ 26.55	\$ 1,267.85

City benefit effective January 2009:

\$101.00 per Government Code

\$100.00 per MOU

Your December 19, 2008 pay check will reflect the above changes.

**CITY OF PACIFIC GROVE
HEALTH INSURANCE PREMIUM RATES EFFECTIVE JANUARY 1, 2012**

PERS-CARE					
COVERAGE PLAN	CODE	HEALTH	DENTAL	VISION	TOTAL
EMPLOYEE ONLY	3271	\$ 1,002.53	\$ 36.10	\$ 12.90	\$ 1,051.53
EMPLOYEE & 1 DEP	3272	\$ 2,005.06	\$ 71.60	\$ 27.74	\$ 2,104.40
EMPLOYEE & 2 OR MORE DEP	3273	\$ 2,606.58	\$ 90.30	\$ 27.74	\$ 2,724.62

PERS-CHOICE					
COVERAGE PLAN	CODE	HEALTH	DENTAL	VISION	TOTAL
EMPLOYEE ONLY	3221	\$ 559.25	\$ 36.10	\$ 12.90	\$ 608.25
EMPLOYEE & 1 DEP	3222	\$ 1,118.50	\$ 71.60	\$ 27.74	\$ 1,217.84
EMPLOYEE & 2 OR MORE DEP	3223	\$ 1,454.05	\$ 90.30	\$ 27.74	\$ 1,572.09

PERS-SELECT					
COVERAGE PLAN	CODE	HEALTH	DENTAL	VISION	TOTAL
EMPLOYEE ONLY	0531	\$ 474.74	\$ 36.10	\$ 12.90	\$ 523.74
EMPLOYEE & 1 DEP	0532	\$ 949.48	\$ 71.60	\$ 27.74	\$ 1,048.82
EMPLOYEE & 2 OR MORE DEP	0533	\$ 1,234.32	\$ 90.30	\$ 27.74	\$ 1,352.36

PORAC					
COVERAGE PLAN	CODE	HEALTH	DENTAL	VISION	TOTAL
EMPLOYEE ONLY	2071	\$ 556.00	\$ 36.10	\$ 12.90	\$ 605.00
EMPLOYEE & 1 DEP	2072	\$ 1,041.00	\$ 71.60	\$ 27.74	\$ 1,140.34
EMPLOYEE & 2 OR MORE DEP	2073	\$ 1,323.00	\$ 90.30	\$ 27.74	\$ 1,441.04

KAISER					
COVERAGE PLAN	CODE	HEALTH	DENTAL	VISION	TOTAL
EMPLOYEE ONLY	3071	\$ 616.14	\$ 36.10	\$ 12.90	\$ 665.14
EMPLOYEE & 1 DEP	3072	\$ 1,232.28	\$ 71.60	\$ 27.74	\$ 1,331.62
EMPLOYEE & 2 OR MORE DEP	3073	\$ 1,601.96	\$ 90.30	\$ 27.74	\$ 1,720.00

The above rates are for Monterey & San Benito County residents.

City benefit effective January 2012:
\$112.00 per month per Government Code
\$100.00 per month per MOU'S
\$275.00 per month for GEA members