

CITY Custodians (NUNC) FY11

Dual Option Plans: Vermont Health Partnership (VHP) or 250 Comprehensive

Plan Level	Plan Premium	Employer Portion	Employee Portion 18.0%	21 Pay Deduction	26 Pay Deduction
Single	6,536	5,359.52	1,176.48	\$56.02	\$45.25
2 Person	12,848	10,535.36	2,312.64	\$110.13	\$88.95
Family	17,224	14,123.68	3,100.32	\$147.63	\$119.24

JY MB

Plan Level	Plan Premium	Employer Portion	Employee Portion	21 Pay Deduction	26 Pay Deduction
Single	7,338	5,359.52	1,978.48	\$94.21	\$76.10
2 Person	14,468	10,535.36	3,932.64	\$187.27	\$151.26
Family	19,457	14,123.68	5,333.32	\$253.97	\$205.13

Dental

	Annual Premium	Employer Portion	Employee Portion	21 Pay Deduction	26 Pay Deduction
Single	442.20	442.2	0.00	0.00	0.00
Family	1,340.52	570	770.52	36.69	29.64
	Per month				
	36.85				
	111.71				