

CITY**Support Staff****FY11****Dual Option Plans: Vermont Health Partnership (VHP) or 250 Comprehensive**

Plan Level	Plan Premium	Employer Portion	Employee Portion 13.0%	21 Pay Deduction	26 Pay Deduction
Single	6,536	5,686.32	849.68	\$40.46	\$32.68
2 Person	12,848	11,177.76	1,670.24	\$79.54	\$64.24
Family	17,224	14,984.88	2,239.12	\$106.62	\$86.12

JY MB

Plan Level	Plan Premium	Employer Portion	Employee Portion	21 Pay Deduction	26 Pay Deduction
Single	7,338	5,686.32	1,651.68	\$78.65	\$63.53
2 Person	14,468	11,177.76	3,290.24	\$156.68	\$126.55
Family	19,457	14,984.88	4,472.12	\$212.96	\$172.00

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	590	750.52	35.74	28.87
	Per month				
	36.85				
	111.71				