

Twice Monthly Medical Plan Rates

EMPLOYEE CONTRIBUTION RATES FOR PLAN YEAR JULY 1, 2009 - JUNE 30, 2010

CITY HEALTH PLAN

	CCSF	Superior Court
Employee Only	179.46	404.14
Employee + 1 Dependent	562.63	787.31
Employee + 2 or More Dependents	880.65	1,105.33

BLUE SHIELD

	CCSF	Superior Court
Employee Only	41.76	266.44
Employee + 1 Dependent	307.70	532.38
Employee + 2 or More Dependents	528.42	753.10

KAISER

	CCSF	Superior Court
Employee Only	7.50	232.18
Employee + 1 Dependent	239.16	463.84
Employee + 2 or More Dependents	431.44	656.12

All medical plan rates published in this Benefits Guide are subject to the final approval of the San Francisco Board of Supervisors.