

10 Month - EMPLOYEES EXCEPT FIREFIGHTERS, TEACHERS, SAW

Note: This is a Worksheet for YOU to use and keep.

1) Select ONE Medical Plan; You **MUST ADD Pharmacy (REQUIRED)**; ADD Dental if you want it (OPTIONAL) **NO dental only.**

2) How many people are covered? **YOU MUST COVER THE SAME # OF PEOPLE IN HEALTH, DENTAL & PHARMACY.**

3) You pay the **EMPLOYEE SHARE.** THE RATES ARE EFFECTIVE FOR 12 MONTHS through 6/30/2011.

	Century Preferred	Monthly Costs			Cost by Payroll Frequency			
		100%	80%	20%	10 Month EEs			
		Full Rate	City Pays	Employee	Sept. to Dec.		Jan. to July	
					Weekly	BiWeekly	Weekly	Biweekly
<input type="checkbox"/>	Individual	\$529.23	\$423.38	\$105.85	\$23.52	\$47.04	\$32.57	\$65.14
<input type="checkbox"/>	Individual+1	\$1,058.41	\$846.73	\$211.68	\$47.04	\$94.08	\$65.13	\$130.27
<input type="checkbox"/>	Family	\$1,375.93	\$1,100.74	\$275.19	\$61.15	\$122.30	\$84.67	\$169.35
<input type="checkbox"/>	Parent +1 Child	\$1,058.41	\$846.73	\$211.68	\$47.04	\$94.08	\$65.13	\$130.27
<input type="checkbox"/>	Parent 2+ Child	\$1,375.93	\$1,100.74	\$275.19	\$61.15	\$122.30	\$84.67	\$169.35

	Blue Care POS	Monthly Costs			Cost by Payroll Frequency			
		100%	87.5%	12.5%	10 Month EEs			
		Full Rate	City Pays	Employee	Sept. to Dec.		Jan. to July	
					Weekly	BiWeekly	Weekly	Biweekly
<input type="checkbox"/>	Individual	\$514.98	\$450.61	\$64.37	\$14.31	\$28.61	\$19.81	\$39.61
<input type="checkbox"/>	Individual+1	\$1,029.90	\$901.16	\$128.74	\$28.61	\$57.22	\$39.61	\$79.22
<input type="checkbox"/>	Family	\$1,338.85	\$1,171.49	\$167.36	\$37.19	\$74.38	\$51.49	\$102.99
<input type="checkbox"/>	Parent +1 Child	\$1,029.90	\$901.16	\$128.74	\$28.61	\$57.22	\$39.61	\$79.22
<input type="checkbox"/>	Parent 2+ Child	\$1,338.85	\$1,171.49	\$167.36	\$37.19	\$74.38	\$51.49	\$102.99

	Blue Care POE	Monthly Costs			Cost by Payroll Frequency			
		100%	95.0%	5.0%	10 Month EEs			
		Full Rate	City Pays	Employee	Sept. to Dec.		Jan. to July	
					Weekly	BiWeekly	Weekly	Biweekly
<input type="checkbox"/>	Individual	\$507.35	\$481.98	\$25.37	\$5.64	\$11.27	\$7.81	\$15.61
<input type="checkbox"/>	Individual+1	\$1,014.66	\$963.93	\$50.73	\$11.27	\$22.55	\$15.61	\$31.22
<input type="checkbox"/>	Family	\$1,319.08	\$1,253.13	\$65.95	\$14.66	\$29.31	\$20.29	\$40.59
<input type="checkbox"/>	Parent +1 Child	\$1,014.66	\$963.93	\$50.73	\$11.27	\$22.55	\$15.61	\$31.22
<input type="checkbox"/>	Parent 2+ Child	\$1,319.08	\$1,253.13	\$65.95	\$14.66	\$29.31	\$20.29	\$40.59

(See REVERSE SIDE for PHARMACY & DENTAL COSTS)

ALL OTHER EMPLOYEES PHARMACY & DENTAL COSTS

<input checked="" type="checkbox"/> Pharmacy (MANDATORY COVERAGE)	Monthly Costs-(Add to CP or POS)			Cost by Payroll Frequency			
CP & POS Drug - \$10-\$20-\$30 Copayments	100%	80%	20%	10 Month EEs			
4) <u>ADD</u> this Cost to CP or POS Medical	Full Rate	City Pays	Employee	Sept. to Dec.		Jan. to July	
Cost				Weekly	BiWeekly	Weekly	Biweekly
<input type="checkbox"/> Individual	\$58.83	\$47.06	\$11.77	\$2.61	\$5.23	\$3.62	\$7.24
<input type="checkbox"/> Individual+1	\$120.59	\$96.47	\$24.12	\$5.36	\$10.72	\$7.42	\$14.84
<input type="checkbox"/> Family	\$182.38	\$145.90	\$36.48	\$8.11	\$16.21	\$11.22	\$22.45
<input type="checkbox"/> Parent +1 Child	\$120.59	\$96.47	\$24.12	\$5.36	\$10.72	\$7.42	\$14.84
<input type="checkbox"/> Parent 2+ Child	\$182.38	\$145.90	\$36.48	\$8.11	\$16.21	\$11.22	\$22.45

<input checked="" type="checkbox"/> Pharmacy (MANDATORY COVERAGE)	Monthly Costs - (Add to POE)			Cost by Payroll Frequency			
POE Drug Plan - \$5-\$10-\$15 Copayments	100%	80%	20%	10 Month EEs			
5) <u>ADD</u> this Cost to POE Medical	Full Rate	City Pays	Employee	Sept. to Dec.		Jan. to July	
Cost				Weekly	BiWeekly	Weekly	Biweekly
<input type="checkbox"/> Individual	\$65.84	\$52.67	\$13.17	\$2.93	\$5.85	\$4.05	\$8.10
<input type="checkbox"/> Individual+1	\$134.97	\$107.98	\$26.99	\$6.00	\$12.00	\$8.31	\$16.61
<input type="checkbox"/> Family	\$204.10	\$163.28	\$40.82	\$9.07	\$18.14	\$12.56	\$25.12
<input type="checkbox"/> Parent +1 Child	\$134.97	\$107.98	\$26.99	\$6.00	\$12.00	\$8.31	\$16.61
<input type="checkbox"/> Parent 2+ Child	\$204.10	\$163.28	\$40.82	\$9.07	\$18.14	\$12.56	\$25.12

IF YOU WANT DENTAL COVERAGE (OPTIONAL) YOU MUST ADD THE COST TO YOUR MEDICAL & PHARMACY COSTS!

<input type="checkbox"/> FLEX 2 (OPTIONAL COVERAGE)	Monthly Costs			Cost by Payroll Frequency			
6) <u>ADD</u> this Cost to Medical	100%	80%	20%	10 Month EEs			
& Pharmacy Costs! NO DENTAL ONLY!!!	Full Rate	City Pays	Employee	Sept. to Dec.		Jan. to July	
Cost				Weekly	BiWeekly	Weekly	Biweekly
<input type="checkbox"/> Individual	\$25.53	\$20.42	\$5.11	\$1.13	\$2.27	\$1.57	\$3.14
<input type="checkbox"/> Individual+1	\$66.36	\$53.09	\$13.27	\$2.95	\$5.90	\$4.08	\$8.17
<input type="checkbox"/> Family	\$81.66	\$65.33	\$16.33	\$3.63	\$7.26	\$5.03	\$10.05
<input type="checkbox"/> Parent +1 Child	\$66.36	\$53.09	\$13.27	\$2.95	\$5.90	\$4.08	\$8.17
<input type="checkbox"/> Parent 2+ Child	\$81.66	\$65.33	\$16.33	\$3.63	\$7.26	\$5.03	\$10.05