

SEPT 1, 2011: 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 OVER 10 MONTHS** and have **COVERAGE FOR 12 MONTHS**, through 8/31/2012.

	Century Preferred	Monthly Costs			Cost by Payroll Frequency			
		100% Full Rate	80% City Pays	20% Employee	10 Month EEs			
					Sept. to Dec.		Jan. to July	
				Weekly	BiWeekly	Weekly	Biweekly	
<input type="checkbox"/>	Individual	\$568.94	\$455.15	\$113.79	\$25.29	\$50.57	\$35.01	\$70.02
<input type="checkbox"/>	Individual+1	\$1,137.83	\$910.26	\$227.57	\$50.57	\$101.14	\$70.02	\$140.04
<input type="checkbox"/>	Family	\$1,479.17	\$1,183.34	\$295.83	\$65.74	\$131.48	\$91.03	\$182.05
<input type="checkbox"/>	Parent +1 Child	\$1,137.83	\$910.26	\$227.57	\$50.57	\$101.14	\$70.02	\$140.04
<input type="checkbox"/>	Parent 2+ Child	\$1,479.17	\$1,183.34	\$295.83	\$65.74	\$131.48	\$91.03	\$182.05

	Blue Care POS	Monthly Costs			Cost by Payroll Frequency			
		100% Full Rate	87.5% City Pays	12.5% Employee	10 Month EEs			
					Sept. to Dec.		Jan. to July	
				Weekly	BiWeekly	Weekly	Biweekly	
<input type="checkbox"/>	Individual	\$553.62	\$484.42	\$69.20	\$15.38	\$30.76	\$21.29	\$42.59
<input type="checkbox"/>	Individual+1	\$1,107.18	\$968.78	\$138.40	\$30.75	\$61.51	\$42.58	\$85.17
<input type="checkbox"/>	Family	\$1,439.31	\$1,259.39	\$179.91	\$39.98	\$79.96	\$55.36	\$110.72
<input type="checkbox"/>	Parent +1 Child	\$1,107.18	\$968.78	\$138.40	\$30.75	\$61.51	\$42.58	\$85.17
<input type="checkbox"/>	Parent 2+ Child	\$1,439.31	\$1,259.39	\$179.91	\$39.98	\$79.96	\$55.36	\$110.72

	Blue Care POE	Monthly Costs			Cost by Payroll Frequency			
		100% Full Rate	95.0% City Pays	5.0% Employee	10 Month EEs			
					Sept. to Dec.		Jan. to July	
				Weekly	BiWeekly	Weekly	Biweekly	
<input type="checkbox"/>	Individual	\$545.42	\$518.15	\$27.27	\$6.06	\$12.12	\$8.39	\$16.78
<input type="checkbox"/>	Individual+1	\$1,090.79	\$1,036.25	\$54.54	\$12.12	\$24.24	\$16.78	\$33.56
<input type="checkbox"/>	Family	\$1,418.05	\$1,347.15	\$70.90	\$15.76	\$31.51	\$21.82	\$43.63
<input type="checkbox"/>	Parent +1 Child	\$1,090.79	\$1,036.25	\$54.54	\$12.12	\$24.24	\$16.78	\$33.56
<input type="checkbox"/>	Parent 2+ Child	\$1,418.05	\$1,347.15	\$70.90	\$15.76	\$31.51	\$21.82	\$43.63

(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 4) <u>ADD</u> this Cost to CP or POS Medical Cost	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	\$63.24	\$50.60	\$12.65	\$2.81	\$5.62	\$3.89	\$7.78
<input type="checkbox"/> Individual+1	\$129.64	\$103.71	\$25.93	\$5.76	\$11.52	\$7.98	\$15.96
<input type="checkbox"/> Family	\$196.06	\$156.85	\$39.21	\$8.71	\$17.43	\$12.07	\$24.13
<input type="checkbox"/> Parent +1 Child	\$129.64	\$103.71	\$25.93	\$5.76	\$11.52	\$7.98	\$15.96
<input type="checkbox"/> Parent 2+ Child	\$196.06	\$156.85	\$39.21	\$8.71	\$17.43	\$12.07	\$24.13

<input checked="" type="checkbox"/> Pharmacy (MANDATORY COVERAGE)	Monthly Costs - (Add to POE)			Cost by Payroll Frequency			
POE Drug Plan - \$5-\$10-\$15 Copayments 5) <u>ADD</u> this Cost to POE Medical	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	\$70.78	\$56.62	\$14.16	\$3.15	\$6.29	\$4.36	\$8.71
<input type="checkbox"/> Individual+1	\$145.10	\$116.08	\$29.02	\$6.45	\$12.90	\$8.93	\$17.86
<input type="checkbox"/> Family	\$219.41	\$175.53	\$43.88	\$9.75	\$19.50	\$13.50	\$27.00
<input type="checkbox"/> Parent +1 Child	\$145.10	\$116.08	\$29.02	\$6.45	\$12.90	\$8.93	\$17.86
<input type="checkbox"/> Parent 2+ Child	\$219.41	\$175.53	\$43.88	\$9.75	\$19.50	\$13.50	\$27.00

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 & Pharmacy Costs! NO DENTAL ONLY!!!	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	\$27.45	\$21.96	\$5.49	\$1.22	\$2.44	\$1.69	\$3.38
<input type="checkbox"/> Individual+1	\$71.34	\$57.07	\$14.27	\$3.17	\$6.34	\$4.39	\$8.78
<input type="checkbox"/> Family	\$87.79	\$70.23	\$17.56	\$3.90	\$7.80	\$5.40	\$10.80
<input type="checkbox"/> Parent +1 Child	\$71.34	\$57.07	\$14.27	\$3.17	\$6.34	\$4.39	\$8.78
<input type="checkbox"/> Parent 2+ Child	\$87.79	\$70.23	\$17.56	\$3.90	\$7.80	\$5.40	\$10.80