

JULY 1, 2011: 12 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 6/30/2012.

	Monthly Costs			Cost by Payroll Frequency		
	100% Full Rate	80% City Pays	20% Employee	12 Month EEs		
				Weekly	BiWeekly	
<input type="checkbox"/> Century Preferred						
<input type="checkbox"/> Individual	\$568.94	\$455.15	\$113.79	\$26.26	\$52.52	
<input type="checkbox"/> Individual+1	\$1,137.83	\$910.26	\$227.57	\$52.52	\$105.03	
<input type="checkbox"/> Family	\$1,479.17	\$1,183.34	\$295.83	\$68.27	\$136.54	
<input type="checkbox"/> Parent +1 Child	\$1,137.83	\$910.26	\$227.57	\$52.52	\$105.03	
<input type="checkbox"/> Parent 2+ Child	\$1,479.17	\$1,183.34	\$295.83	\$68.27	\$136.54	

	Monthly Costs			Cost by Payroll Frequency		
	100% Full Rate	87.5% City Pays	12.5% Employee	12 Month EEs		
				Weekly	BiWeekly	
<input type="checkbox"/> Blue Care POS						
<input type="checkbox"/> Individual	\$553.62	\$484.42	\$69.20	\$15.97	\$31.94	
<input type="checkbox"/> Individual+1	\$1,107.18	\$968.78	\$138.40	\$31.94	\$63.88	
<input type="checkbox"/> Family	\$1,439.31	\$1,259.39	\$179.91	\$41.52	\$83.04	
<input type="checkbox"/> Parent +1 Child	\$1,107.18	\$968.78	\$138.40	\$31.94	\$63.88	
<input type="checkbox"/> Parent 2+ Child	\$1,439.31	\$1,259.39	\$179.91	\$41.52	\$83.04	

	Monthly Costs			Cost by Payroll Frequency		
	100% Full Rate	95.0% City Pays	5.0% Employee	12 Month EEs		
				Weekly	BiWeekly	
<input type="checkbox"/> Blue Care POE						
<input type="checkbox"/> Individual	\$545.42	\$518.15	\$27.27	\$6.29	\$12.59	
<input type="checkbox"/> Individual+1	\$1,090.79	\$1,036.25	\$54.54	\$12.59	\$25.17	
<input type="checkbox"/> Family	\$1,418.05	\$1,347.15	\$70.90	\$16.36	\$32.72	
<input type="checkbox"/> Parent +1 Child	\$1,090.79	\$1,036.25	\$54.54	\$12.59	\$25.17	
<input type="checkbox"/> Parent 2+ Child	\$1,418.05	\$1,347.15	\$70.90	\$16.36	\$32.72	

(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%	12 Month EEs		
4) ADD this Cost to CP or POS Medical Cost	Full Rate	City Pays	20% Employee	Weekly	BiWeekly
<input type="checkbox"/> Individual	\$63.24	\$50.60	\$12.65	\$2.92	\$5.84
<input type="checkbox"/> Individual+1	\$129.64	\$103.71	\$25.93	\$5.98	\$11.97
<input type="checkbox"/> Family	\$196.06	\$156.85	\$39.21	\$9.05	\$18.10
<input type="checkbox"/> Parent +1 Child	\$129.64	\$103.71	\$25.93	\$5.98	\$11.97
<input type="checkbox"/> Parent 2+ Child	\$196.06	\$156.85	\$39.21	\$9.05	\$18.10

<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%	12 Month EEs		
5) ADD this Cost to POE Medical	Full Rate	City Pays	20% Employee	Weekly	BiWeekly
<input type="checkbox"/> Individual	\$70.78	\$56.62	\$14.16	\$3.27	\$6.53
<input type="checkbox"/> Individual+1	\$145.10	\$116.08	\$29.02	\$6.70	\$13.39
<input type="checkbox"/> Family	\$219.41	\$175.53	\$43.88	\$10.13	\$20.25
<input type="checkbox"/> Parent +1 Child	\$145.10	\$116.08	\$29.02	\$6.70	\$13.39
<input type="checkbox"/> Parent 2+ Child	\$219.41	\$175.53	\$43.88	\$10.13	\$20.25

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) ADD this Cost to Medical & Pharmacy Costs! NO DENTAL ONLY!!!	100%	80%	12 Month EEs		
	Full Rate	City Pays	20% Employee	Weekly	BiWeekly
<input type="checkbox"/> Individual	\$27.45	\$21.96	\$5.49	\$1.27	\$2.53
<input type="checkbox"/> Individual+1	\$71.34	\$57.07	\$14.27	\$3.29	\$6.59
<input type="checkbox"/> Family	\$87.79	\$70.23	\$17.56	\$4.05	\$8.10
<input type="checkbox"/> Parent +1 Child	\$71.34	\$57.07	\$14.27	\$3.29	\$6.59
<input type="checkbox"/> Parent 2+ Child	\$87.79	\$70.23	\$17.56	\$4.05	\$8.10