

JULY 1, 2011 - FIREFIGHTERS

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		
<input type="checkbox"/>	Century Preferred			Weekly			
<input type="checkbox"/>	Individual	\$605.93	\$484.75	\$121.19	\$27.97		
<input type="checkbox"/>	Individual+1	\$1,211.88	\$969.51	\$242.38	\$55.93		
<input type="checkbox"/>	Family	\$1,575.43	\$1,260.34	\$315.09	\$72.71		
<input type="checkbox"/>	Parent +1 Child	\$1,211.88	\$969.51	\$242.38	\$55.93		
<input type="checkbox"/>	Parent 2+ Child	\$1,575.43	\$1,260.34	\$315.09	\$72.71		

		Monthly Costs		Cost by Payroll Frequency			
		100% Full Rate	87.5% City Pays	12.5% Employee	12 Month EEs		
<input type="checkbox"/>	Blue Care POS			Weekly			
<input type="checkbox"/>	Individual	\$584.62	\$511.55	\$73.08	\$16.86		
<input type="checkbox"/>	Individual+1	\$1,169.22	\$1,023.06	\$146.15	\$33.73		
<input type="checkbox"/>	Family	\$1,519.96	\$1,329.96	\$189.99	\$43.84		
<input type="checkbox"/>	Parent +1 Child	\$1,169.22	\$1,023.06	\$146.15	\$33.73		
<input type="checkbox"/>	Parent 2+ Child	\$1,519.96	\$1,329.96	\$189.99	\$43.84		

		Monthly Costs		Cost by Payroll Frequency			
		100% Full Rate	95.0% City Pays	5.0% Employee	12 Month EEs		
<input type="checkbox"/>	Blue Care POE			Weekly			
<input type="checkbox"/>	Individual	\$569.66	\$541.18	\$28.48	\$6.57		
<input type="checkbox"/>	Individual+1	\$1,139.28	\$1,082.31	\$56.96	\$13.15		
<input type="checkbox"/>	Family	\$1,481.05	\$1,407.00	\$74.05	\$17.09		
<input type="checkbox"/>	Parent +1 Child	\$1,139.28	\$1,082.31	\$56.96	\$13.15		
<input type="checkbox"/>	Parent 2+ Child	\$1,481.05	\$1,407.00	\$74.05	\$17.09		

(See REVERSE SIDE for PHARMACY & DENTAL COSTS)

FIRE - PHARMACY & DENTAL COSTS

<input checked="" type="checkbox"/> Pharmacy (MANDATORY COVERAGE)	Monthly Costs-(Add to CP)		Cost by Payroll Frequency			
CP - Drug - \$10-\$20-\$30 Copayments	100%	80%	20%		12 Month EEs	
4) ADD this Cost to CP Medical Cost	Full Rate	City Pays	Employee	Weekly		
<input type="checkbox"/> Individual	\$63.24	\$50.60	\$12.65	\$2.92		
<input type="checkbox"/> Individual+1	\$129.64	\$103.71	\$25.93	\$5.98		
<input type="checkbox"/> Family	\$196.06	\$156.85	\$39.21	\$9.05		
<input type="checkbox"/> Parent +1 Child	\$129.64	\$103.71	\$25.93	\$5.98		
<input type="checkbox"/> Parent 2+ Child	\$196.06	\$156.85	\$39.21	\$9.05		

<input checked="" type="checkbox"/> Pharmacy (MANDATORY COVERAGE)	Monthly Costs - (Add to POS or POE)		Cost by Payroll Frequency			
POS or POE Drug Plan - \$5-\$10-\$15 Copayment	100%	80%	20%		12 Month EEs	
5) ADD this Cost to POS or POE Medical	Full Rate	City Pays	Employee	Weekly		
<input type="checkbox"/> Individual	\$70.78	\$56.62	\$14.16	\$3.27		
<input type="checkbox"/> Individual+1	\$145.10	\$116.08	\$29.02	\$6.70		
<input type="checkbox"/> Family	\$219.41	\$175.53	\$43.88	\$10.13		
<input type="checkbox"/> Parent +1 Child	\$145.10	\$116.08	\$29.02	\$6.70		
<input type="checkbox"/> Parent 2+ Child	\$219.41	\$175.53	\$43.88	\$10.13		

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

<input type="checkbox"/> Full Dental/Rider A	Monthly Costs		Cost by Payroll Frequency			
6) ADD this Cost to Medical & Pharmacy Costs! NO DENTAL ONLY!!!	100%	80%	20%		12 Month EEs	
	Full Rate	City Pays	Employee	Weekly		
<input type="checkbox"/> Individual	\$33.83	\$27.07	\$6.77	\$1.56		
<input type="checkbox"/> Individual+1	\$87.93	\$70.34	\$17.59	\$4.06		
<input type="checkbox"/> Family	\$108.23	\$86.59	\$21.65	\$5.00		
<input type="checkbox"/> Parent +1 Child	\$87.93	\$70.34	\$17.59	\$4.06		
<input type="checkbox"/> Parent 2+ Child	\$108.23	\$86.59	\$21.65	\$5.00		