

JULY 1, 2010 - 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.

	Monthly Costs			Cost by Payroll Frequency		
	100% Full Rate	80% City Pays	20% Employee	12 Month EEs		
Century Preferred				Weekly	BiWeekly	
<input type="checkbox"/> Individual	\$529.23	\$423.38	\$105.85	\$24.43	\$48.85	
<input type="checkbox"/> Individual+1	\$1,058.41	\$846.73	\$211.68	\$48.85	\$97.70	
<input type="checkbox"/> Family	\$1,375.93	\$1,100.74	\$275.19	\$63.50	\$127.01	
<input type="checkbox"/> Parent +1 Child	\$1,058.41	\$846.73	\$211.68	\$48.85	\$97.70	
<input type="checkbox"/> Parent 2+ Child	\$1,375.93	\$1,100.74	\$275.19	\$63.50	\$127.01	

	Monthly Costs			Cost by Payroll Frequency		
	100% Full Rate	87.5% City Pays	12.5% Employee	12 Month EEs		
Blue Care POS				Weekly	BiWeekly	
<input type="checkbox"/> Individual	\$514.98	\$450.61	\$64.37	\$14.86	\$29.71	
<input type="checkbox"/> Individual+1	\$1,029.90	\$901.16	\$128.74	\$29.71	\$59.42	
<input type="checkbox"/> Family	\$1,338.85	\$1,171.49	\$167.36	\$38.62	\$77.24	
<input type="checkbox"/> Parent +1 Child	\$1,029.90	\$901.16	\$128.74	\$29.71	\$59.42	
<input type="checkbox"/> Parent 2+ Child	\$1,338.85	\$1,171.49	\$167.36	\$38.62	\$77.24	

	Monthly Costs			Cost by Payroll Frequency		
	100% Full Rate	95.0% City Pays	5.0% Employee	12 Month EEs		
Blue Care POE				Weekly	BiWeekly	
<input type="checkbox"/> Individual	\$507.35	\$481.98	\$25.37	\$5.85	\$11.71	
<input type="checkbox"/> Individual+1	\$1,014.66	\$963.93	\$50.73	\$11.71	\$23.42	
<input type="checkbox"/> Family	\$1,319.08	\$1,253.13	\$65.95	\$15.22	\$30.44	
<input type="checkbox"/> Parent +1 Child	\$1,014.66	\$963.93	\$50.73	\$11.71	\$23.42	
<input type="checkbox"/> Parent 2+ Child	\$1,319.08	\$1,253.13	\$65.95	\$15.22	\$30.44	

(See REVERSE SIDE for PHARMACY & DENTAL COSTS)

ALL OTHER EMPLOYEES PHARMACY & DENTAL COSTS

X	Pharmacy (MANDATORY COVERAGE)	Monthly Costs-(Add to CP or POS)			Cost by Payroll Frequency		
CP & POS Drug - \$10-\$20-\$30 Copayments		<u>100%</u>	<u>80%</u>	<u>20%</u>	<u>12 Month EEs</u>		
	4) ADD this Cost to CP or POS Medical Cost	<u>Full Rate</u>	<u>City Pays</u>	<u>Employee</u>	<u>Weekly</u>	<u>BiWeekly</u>	
<input type="checkbox"/>	Individual	\$58.83	\$47.06	\$11.77	\$2.72	\$5.43	
<input type="checkbox"/>	Individual+1	\$120.59	\$96.47	\$24.12	\$5.57	\$11.13	
<input type="checkbox"/>	Family	\$182.38	\$145.90	\$36.48	\$8.42	\$16.84	
<input type="checkbox"/>	Parent +1 Child	\$120.59	\$96.47	\$24.12	\$5.57	\$11.13	
<input type="checkbox"/>	Parent 2+ Child	\$182.38	\$145.90	\$36.48	\$8.42	\$16.84	

X	Pharmacy (MANDATORY COVERAGE)	Monthly Costs - (Add to POE)			Cost by Payroll Frequency		
POE Drug Plan - \$5-\$10-\$15 Copayments		<u>100%</u>	<u>80%</u>	<u>20%</u>	<u>12 Month EEs</u>		
	5) ADD this Cost to POE Medical	<u>Full Rate</u>	<u>City Pays</u>	<u>Employee</u>	<u>Weekly</u>	<u>BiWeekly</u>	
<input type="checkbox"/>	Individual	\$65.84	\$52.67	\$13.17	\$3.04	\$6.08	
<input type="checkbox"/>	Individual+1	\$134.97	\$107.98	\$26.99	\$6.23	\$12.46	
<input type="checkbox"/>	Family	\$204.10	\$163.28	\$40.82	\$9.42	\$18.84	
<input type="checkbox"/>	Parent +1 Child	\$134.97	\$107.98	\$26.99	\$6.23	\$12.46	
<input type="checkbox"/>	Parent 2+ Child	\$204.10	\$163.28	\$40.82	\$9.42	\$18.84	

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

		Monthly Costs			Cost by Payroll Frequency		
X	FLEX 2 (OPTIONAL COVERAGE)	<u>100%</u>	<u>80%</u>	<u>20%</u>	<u>12 Month EEs</u>		
	6) ADD this Cost to Medical & Pharmacy Costs! NO DENTAL ONLY!!!	<u>Full Rate</u>	<u>City Pays</u>	<u>Employee</u>	<u>Weekly</u>	<u>BiWeekly</u>	
<input type="checkbox"/>	Individual	\$25.53	\$20.42	\$5.11	\$1.18	\$2.36	
<input type="checkbox"/>	Individual+1	\$66.36	\$53.09	\$13.27	\$3.06	\$6.13	
<input type="checkbox"/>	Family	\$81.66	\$65.33	\$16.33	\$3.77	\$7.54	
<input type="checkbox"/>	Parent +1 Child	\$66.36	\$53.09	\$13.27	\$3.06	\$6.13	
<input type="checkbox"/>	Parent 2+ Child	\$81.66	\$65.33	\$16.33	\$3.77	\$7.54	