

## September 1, 2011 - 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.

### Monthly Costs

<input type="checkbox"/> Century Preferred	100% Full Rate	80% City Pays	20% Employee	10 Month Premium Shares			
				Sept. to Dec.		Jan. to June	
				BiWeekly	Biweekly	Biweekly	Biweekly
<input type="checkbox"/> Individual	\$594.06	\$475.25	\$118.81		\$59.41		\$79.21
<input type="checkbox"/> Individual+1	\$1,188.07	\$950.46	\$237.61		\$118.81		\$158.41
<input type="checkbox"/> Family	\$1,544.51	\$1,235.61	\$308.90		\$154.45		\$205.93
<input type="checkbox"/> Parent +1 Child	\$1,188.07	\$950.46	\$237.61		\$118.81		\$158.41
<input type="checkbox"/> Parent 2+ Child	\$1,544.51	\$1,235.61	\$308.90		\$154.45		\$205.93

### Monthly Costs

<input type="checkbox"/> Blue Care POS	100% Full Rate	87.5% City Pays	12.5% Employee	10 Month Premium Shares			
				Sept. to Dec.		Jan. to June	
				BiWeekly	Biweekly	Biweekly	Biweekly
<input type="checkbox"/> Individual	\$578.08	\$505.82	\$72.26		\$36.13		\$48.17
<input type="checkbox"/> Individual+1	\$1,156.08	\$1,011.57	\$144.51		\$72.25		\$96.34
<input type="checkbox"/> Family	\$1,502.89	\$1,315.02	\$187.86		\$93.93		\$125.24
<input type="checkbox"/> Parent +1 Child	\$1,156.08	\$1,011.57	\$144.51		\$72.25		\$96.34
<input type="checkbox"/> Parent 2+ Child	\$1,502.89	\$1,315.02	\$187.86		\$93.93		\$125.24

### Monthly Costs

<input type="checkbox"/> Blue Care POE	100% Full Rate	95.0% City Pays	5.0% Employee	10 Month Premium Shares			
				Sept. to Dec.		Jan. to June	
				BiWeekly	Biweekly	Biweekly	Biweekly
<input type="checkbox"/> Individual	\$569.51	\$541.03	\$28.48		\$14.24		\$18.98
<input type="checkbox"/> Individual+1	\$1,138.99	\$1,082.04	\$56.95		\$28.47		\$37.97
<input type="checkbox"/> Family	\$1,480.69	\$1,406.65	\$74.03		\$37.02		\$49.36
<input type="checkbox"/> Parent +1 Child	\$1,138.99	\$1,082.04	\$56.95		\$28.47		\$37.97
<input type="checkbox"/> Parent 2+ Child	\$1,480.69	\$1,406.65	\$74.03		\$37.02		\$49.36

**(See REVERSE SIDE for PHARMACY & DENTAL COSTS)**

## TEACHERS & SAW PHARMACY & DENTAL COSTS

<input checked="" type="checkbox"/> Pharmacy (MANDATORY COVERAGE)	Monthly Costs-(Add to CP or POS)						
<b>CP &amp; POS Drug - \$10-\$20-\$30 Copayments</b> 4) <u>ADD</u> this Cost to CP or POS Medical Cost	100% Full Rate	80% City Pays	20% Employee	10 Month Premium Shares			
				Sept. to Dec.		Jan. to June	
				BiWeekly		Biweekly	
<input type="checkbox"/> Individual	\$52.72	\$42.18	\$10.54		\$5.27		\$7.03
<input type="checkbox"/> Individual+1	\$147.60	\$118.08	\$29.52		\$14.76		\$19.68
<input type="checkbox"/> Family	\$179.24	\$143.39	\$35.85		\$17.92		\$23.90
<input type="checkbox"/> Parent +1 Child	\$147.60	\$118.08	\$29.52		\$14.76		\$19.68
<input type="checkbox"/> Parent 2+ Child	\$179.24	\$143.39	\$35.85		\$17.92		\$23.90

<input checked="" type="checkbox"/> Pharmacy (MANDATORY COVERAGE)	Monthly Costs - (Add to POE)						
<b>POE Drug Plan - \$5-\$10-\$15 Copayments</b> 5) <u>ADD</u> this Cost to POE Medical	100% Full Rate	80% City Pays	20% Employee	10 Month Premium Shares			
				Sept. to Dec.		Jan. to June	
				BiWeekly		Biweekly	
<input type="checkbox"/> Individual	\$64.67	\$51.74	\$12.93		\$6.47		\$8.62
<input type="checkbox"/> Individual+1	\$181.11	\$144.89	\$36.22		\$18.11		\$24.15
<input type="checkbox"/> Family	\$219.92	\$175.94	\$43.98		\$21.99		\$29.32
<input type="checkbox"/> Parent +1 Child	\$181.11	\$144.89	\$36.22		\$18.11		\$24.15
<input type="checkbox"/> Parent 2+ Child	\$219.92	\$175.94	\$43.98		\$21.99		\$29.32

**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						
6) <u>ADD</u> this Cost to Medical & Pharmacy Costs! <b>NO DENTAL ONLY!!!</b>	100% Full Rate	80% City Pays	20% Employee	10 Month Premium Shares			
				Sept. to Dec.		Jan. to June	
				BiWeekly		Biweekly	
<input type="checkbox"/> Individual	\$32.56	\$26.05	\$6.51		\$3.26		\$4.34
<input type="checkbox"/> Individual+1	\$84.66	\$67.73	\$16.93		\$8.47		\$11.29
<input type="checkbox"/> Family	\$104.20	\$83.36	\$20.84		\$10.42		\$13.89
<input type="checkbox"/> Parent +1 Child	\$84.66	\$67.73	\$16.93		\$8.47		\$11.29
<input type="checkbox"/> Parent 2+ Child	\$104.20	\$83.36	\$20.84		\$10.42		\$13.89