

## September 1, 2010 - 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 8/31/2011.

	Monthly Costs			10 Month Premium Shares			
	100%	80%	20%	Sept. to Dec.		Jan. to June	
	Full Rate	City Pays	Employee	BiWeekly		Biweekly	
<b>Century Preferred</b>							
<input type="checkbox"/> Individual	\$552.60	\$442.08	\$110.52		\$55.26		\$73.68
<input type="checkbox"/> Individual+1	\$1,105.15	\$884.12	\$221.03		\$110.52		\$147.35
<input type="checkbox"/> Family	\$1,436.71	\$1,149.37	\$287.34		\$143.67		\$191.56
<input type="checkbox"/> Parent +1 Child	\$1,105.15	\$884.12	\$221.03		\$110.52		\$147.35
<input type="checkbox"/> Parent 2+ Child	\$1,436.71	\$1,149.37	\$287.34		\$143.67		\$191.56

	Monthly Costs			10 Month Premium Shares			
	100%	87.5%	12.5%	Sept. to Dec.		Jan. to June	
	Full Rate	City Pays	Employee	BiWeekly		Biweekly	
<b>Blue Care POS</b>							
<input type="checkbox"/> Individual	\$537.73	\$470.51	\$67.22		\$33.61		\$44.81
<input type="checkbox"/> Individual+1	\$1,075.39	\$940.97	\$134.42		\$67.21		\$89.62
<input type="checkbox"/> Family	\$1,397.99	\$1,223.24	\$174.75		\$87.37		\$116.50
<input type="checkbox"/> Parent +1 Child	\$1,075.39	\$940.97	\$134.42		\$67.21		\$89.62
<input type="checkbox"/> Parent 2+ Child	\$1,397.99	\$1,223.24	\$174.75		\$87.37		\$116.50

	Monthly Costs			10 Month Premium Shares			
	100%	95.0%	5.0%	Sept. to Dec.		Jan. to June	
	Full Rate	City Pays	Employee	BiWeekly		Biweekly	
<b>Blue Care POE</b>							
<input type="checkbox"/> Individual	\$529.76	\$503.27	\$26.49		\$13.24		\$17.66
<input type="checkbox"/> Individual+1	\$1,059.49	\$1,006.52	\$52.97		\$26.49		\$35.32
<input type="checkbox"/> Family	\$1,377.34	\$1,308.47	\$68.87		\$34.43		\$45.91
<input type="checkbox"/> Parent +1 Child	\$1,059.49	\$1,006.52	\$52.97		\$26.49		\$35.32
<input type="checkbox"/> Parent 2+ Child	\$1,377.34	\$1,308.47	\$68.87		\$34.43		\$45.91

**(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>		100%	80%	20%	10 Month Premium Shares		
4) <u>ADD</u> this Cost to CP or POS Medical		Full Rate	City Pays	Employee	Sept. to Dec.		Jan. to June
Cost					BiWeekly		Biweekly
<input type="checkbox"/>	Individual	\$49.04	\$39.23	\$9.81		\$4.90	\$6.54
<input type="checkbox"/>	Individual+1	\$137.30	\$109.84	\$27.46		\$13.73	\$18.31
<input type="checkbox"/>	Family	\$166.73	\$133.38	\$33.35		\$16.67	\$22.23
<input type="checkbox"/>	Parent +1 Child	\$137.30	\$109.84	\$27.46		\$13.73	\$18.31
<input type="checkbox"/>	Parent 2+ Child	\$166.73	\$133.38	\$33.35		\$16.67	\$22.23

<input checked="" type="checkbox"/>	Pharmacy (MANDATORY COVERAGE)	Monthly Costs - (Add to POE)					
<b>POE Drug Plan - \$5-\$10-\$15 Copayments</b>		100%	80%	20%	10 Month Premium Shares		
5) <u>ADD</u> this Cost to POE Medical		Full Rate	City Pays	Employee	Sept. to Dec.		Jan. to June
Cost					BiWeekly		Biweekly
<input type="checkbox"/>	Individual	\$60.16	\$48.13	\$12.03		\$6.02	\$8.02
<input type="checkbox"/>	Individual+1	\$168.47	\$134.78	\$33.69		\$16.85	\$22.46
<input type="checkbox"/>	Family	\$204.57	\$163.66	\$40.91		\$20.46	\$27.28
<input type="checkbox"/>	Parent +1 Child	\$168.47	\$134.78	\$33.69		\$16.85	\$22.46
<input type="checkbox"/>	Parent 2+ Child	\$204.57	\$163.66	\$40.91		\$20.46	\$27.28

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

		Monthly Costs			10 Month Premium Shares		
<b>FLEX 2 (OPTIONAL COVERAGE)</b>		100%	80%	20%			
6) <u>ADD</u> this Cost to Medical		Full Rate	City Pays	Employee	Sept. to Dec.		Jan. to June
& Pharmacy Costs! <b>NO DENTAL ONLY!!!</b>					BiWeekly		Biweekly
<input type="checkbox"/>	Individual	\$30.29	\$24.23	\$6.06		\$3.03	\$4.04
<input type="checkbox"/>	Individual+1	\$78.75	\$63.00	\$15.75		\$7.88	\$10.50
<input type="checkbox"/>	Family	\$96.93	\$77.54	\$19.39		\$9.69	\$12.92
<input type="checkbox"/>	Parent +1 Child	\$78.75	\$63.00	\$15.75		\$7.88	\$10.50
<input type="checkbox"/>	Parent 2+ Child	\$96.93	\$77.54	\$19.39		\$9.69	\$12.92