

# 2010 Active Employee

## Health, Dental, and Vision Plan Premium Summary

<b>PPO Choice / Rx</b>				
Copayments:\$25 OV; \$35 Specialist; \$75 ER				
Deductibles: \$100 Rx; \$250/\$500 In-Network Medical				

Type of Contract	Total Premium	Employee Contribution		
		Biweekly	Monthly	Annual
Single	\$657.55	<b>\$60.70</b>	131.51	1,578.12
Husband/Wife	\$1,479.47	<b>\$170.71</b>	369.87	4,438.41
Single Parent/One Child	\$1,117.82	<b>\$128.98</b>	279.46	3,353.46
Single Parent/Children	\$1,729.39	<b>\$199.55</b>	432.35	5,188.18
Family	\$1,906.88	<b>\$220.02</b>	476.72	5,720.63

<b>PPO Select / Rx</b>				
Copayments:\$25 OV; \$35 Specialist; \$75 ER				
Deductibles: \$100 Rx; \$750/\$1500 In-Network Medical				

Type of Contract	Total Premium	Employee Contribution		
		Biweekly	Monthly	Annual
Single	\$598.78	<b>\$27.64</b>	59.88	718.54
Husband/Wife	\$1,347.24	<b>\$124.36</b>	269.45	3,233.36
Single Parent/One Child	\$1,017.91	<b>\$93.96</b>	203.58	2,442.98
Single Parent/Children	\$1,574.77	<b>\$145.36</b>	314.95	3,779.46
Family	\$1,736.44	<b>\$160.29</b>	347.29	4,167.45

<b>Medco Health Prescription Drug Plan</b>				
<b>\$100 Deductible</b>				
<b>Retail Copayments: \$10 generic/\$30 brand/\$60 non formulary</b>				
<b>Mail Order Copayments: \$20 generic/\$40 brand/\$80 non formulary</b>				
<b>Prescriptions filled at the Pharmacy will be limited to the <u>Initial Fill plus 1 Refill</u></b>				

**OPTIONAL PLANS: FULLY FUNDED BY EMPLOYEE**

DENTAL	Concordia Preferred		
	Monthly Cost	Biweekly	Annual Cost
Single Person	24.68	<b>11.39</b>	296.16
Two Persons	49.40	<b>22.80</b>	592.8
Three or more Persons	64.41	<b>29.73</b>	772.92

VISION	NVA		
	Monthly Cost	Biweekly	Annual Cost
Single Person	5.20	<b>2.40</b>	62.40
Two Persons	9.36	<b>4.32</b>	112.32
Three or more Persons	13.53	<b>6.24</b>	162.36