JANUARY -DECEMBER 2011 BENEFIT PLAN PREMIUMS FOR FULL-TIME EMPLOYEES						
PLAN	**COVERAGE**	**EMPLOYEE $**		**CITY $**		**TOTAL $**
United HealthCare (UHC) Medical:		Monthly	Per Pay Prd.	Monthly	Per Pay Prd	Monthly
Choice Plus PPO *No Deductible*	Full-time Employee	$41.00	$20.500	$577.00	$288.500	$618.00
	Employee & Spouse	$367.00	$183.500	$807.00	$403.500	$1,174.00
	Employee & Child(ren)	$339.00	$169.500	$649.00	$324.500	$988.00
	Employee & Family	$641.00	$320.500	$903.00	$451.500	$1,544.00
Choice Plus PPO *Deductible*	Full-time Employee	$27.00	$13.500	$535.00	$267.500	$562.00
	Employee & Spouse	$340.00	$170.000	$727.00	$363.500	$1,067.00
	Employee & Child(ren)	$332.00	$166.000	$567.00	$283.500	$899.00
	Employee & Family	$606.00	$303.000	$798.00	$399.000	$1,404.00
Dental:						
Assurant DHMO	Full-time Employee	$4.38	$2.19	$8.50	$4.25	$12.88
	Employee & Spouse	$6.58	$3.29	$15.36	$7.68	$21.94
	Employee & Child(ren)	$8.68	$4.34	$20.28	$10.14	$28.96
	Employee & Family	$11.10	$5.55	$25.90	$12.95	$37.00
Delta Dental PPO	Full-time Employee	$6.40	$3.20	$14.24	$7.12	$20.64
	Employee & Spouse	$12.86	$6.43	$26.12	$13.06	$38.98
	Employee & Child(ren)	$15.88	$7.94	$32.28	$16.14	$48.16
	Employee & Family	$21.94	$10.97	$44.56	$22.28	$66.50
Vision Service Plan						
	Full-time Employee	$4.56	$2.28	$0.00	$0.00	$4.57
	Employee & Spouse	$8.54	$4.27	$0.00	$0.00	$8.55
	Employee & Child(ren)	$9.10	$4.55	$0.00	$0.00	$9.11
	Employee & Family	$14.18	$7.09	$0.00	$0.00	$14.19
UHC Flexible Spending Accounts (FSA):						
Health Care FSA						
Debit card is automatically included	Employee Minimum	$120 annually ÷ 24 pay periods = $5 per pay period				
at no extra cost to the employee.	Employee Maximum	$3,600 annually ÷ 24 pay periods = $150 per pay period				
Dependent Care FSA	Employee Minimum	$120 annually ÷ 24 pay periods = $5 per pay period				
	Employee Maximum	$5,000 annually ÷ 24 pay periods = $208.3333 (*EMPLOYEE MAXIMUM IS $208.33*)				
	If Married & Filing Jointly: $2,500 annually÷24 pay periods=$104.1666 per pay period (*EMPLOYEE MAXIMUM IS $104.16*)					
UNUM Life and AD&D Insurance:						
Employee Basic Life	Employee Only	$50,000 policy	100% City-paid			
Employee Basic AD&D	Employee Only	$50,000 policy	100% City-paid			
Employee Voluntary Life	Minimum Coverage	$10,000	Based on EMPLOYEE'S age-refer to table in Guide.			
	Maximum Coverage	$200,000	***Statement of Health may be required.***			
Spouse Optional Life	Minimum Coverage	$10,000	*Based on EMPLOYEE'S age-refer to table in Guide.* ***Statement of Health may be required.***			
	Maximum Coverage	$250,000	*Not to exceed Employee basic+supplemental total.*			
Child(ren) Optional Life	Minimum Coverage	$5,000	$2.10 monthly ÷ 2 pay periods monthly = $1.05 per pay period			
	Maximum Coverage	$10,000	$4.20 monthly ÷ 2 pay periods monthly = $2.10 per pay period			
UNUM Disability:						
Employee Voluntary Short-term Disability	$0.29 per $10 of elected weekly benefit	100% Employee-paid				
Employee Long-term Disability	0.15% of covered payroll	100% City-paid				
UNUM Counseling/Legal/Other:						
Employee Assistance Plan	Employee + Family	100% City-paid (inlcuded with cost of LTD benefits)				