

2012 Medical,Dental,Vision Employee Rates										
Option #	PLAN NAME	If You Earn	Bi-Weekly Pay Period				Semi-Monthly Pay Period			
			Employee Only	Employee Plus Spouse	Employee Plus Child(ren)	Employee Plus Family	Employee Only	Employee Plus Spouse	Employee Plus Child(ren)	Employee Plus Family
MEDICAL										
41 & 43 (45-HI)	PPO \$400/90%/Rx*	Under \$35,000	\$53.05	\$116.28	\$106.86	\$158.70	\$57.47	\$125.97	\$115.76	\$171.93
		\$35,000-\$80,000	\$61.98	\$141.02	\$129.24	\$194.04	\$67.15	\$152.78	\$140.01	\$210.22
		Over \$80,000	\$73.15	\$171.96	\$157.23	\$238.23	\$79.25	\$186.29	\$170.33	\$258.09
42 & 44	PPO \$900/80%/Rx*	Under \$35,000	\$39.33	\$87.46	\$80.78	\$117.53	\$42.61	\$94.75	\$87.51	\$127.32
		\$35,000-\$80,000	\$44.83	\$105.00	\$96.65	\$142.58	\$48.57	\$113.75	\$104.70	\$154.47
		Over \$80,000	\$51.71	\$126.92	\$116.48	\$173.90	\$56.02	\$137.50	\$126.19	\$188.40
40 & 46	High Deductible Health Plan*	Under \$35,000	\$44.00	\$97.27	\$89.65	\$131.54	\$47.67	\$105.38	\$97.13	\$142.50
		\$35,000-\$80,000	\$50.67	\$117.26	\$107.74	\$160.10	\$54.89	\$127.03	\$116.72	\$173.44
		Over \$80,000	\$59.01	\$142.25	\$130.35	\$195.79	\$63.93	\$154.11	\$141.21	\$212.11
18 & 19	Out of Area Plan*	Under \$35,000	\$53.05	\$116.28	\$106.86	\$158.70	\$57.47	\$125.97	\$115.76	\$171.93
		\$35,000-\$80,000	\$61.98	\$141.02	\$129.24	\$194.04	\$67.15	\$152.78	\$140.01	\$210.22
		Over \$80,000	\$73.15	\$171.96	\$157.23	\$238.23	\$79.25	\$186.29	\$170.33	\$258.09
20	Aetna Global Medical Plan	Under \$35,000	\$38.25	\$80.86	\$76.00	\$121.08	\$41.44	\$87.60	\$82.34	\$131.17
		\$35,000-\$80,000	\$43.49	\$96.75	\$90.68	\$147.02	\$47.11	\$104.82	\$98.24	\$159.27
		Over \$80,000	\$50.04	\$116.61	\$109.02	\$179.45	\$54.21	\$126.33	\$118.11	\$194.40
390	Triple S - Puerto Rico	Under \$35,000	\$34.84	\$63.95	\$71.52	\$71.52	\$37.74	\$69.28	\$77.48	\$77.48
		\$35,000-\$80,000	\$39.22	\$75.61	\$85.07	\$85.07	\$42.49	\$81.91	\$92.16	\$92.16
		Over \$80,000	\$44.70	\$90.19	\$102.01	\$102.01	\$48.43	\$97.71	\$110.51	\$110.51
DENTAL										
101	Aetna DMO	n/a	\$2.54	\$5.08	\$6.10	\$8.64	\$2.75	\$5.51	\$6.61	\$9.36
102	MetLife Pref Den Plan A	n/a	\$5.67	\$11.34	\$13.62	\$19.29	\$6.15	\$12.29	\$14.75	\$20.90
103	MetLife Pref Den Plan B	n/a	\$15.48	\$30.98	\$37.18	\$52.67	\$16.78	\$33.57	\$40.28	\$57.06
VISION										
1	VSP	n/a	\$4.30	\$6.85	\$6.91	\$11.32	\$4.66	\$7.43	\$7.49	\$12.26

*coverage includes First Data Self Insured Prescription Plan = Medco Health