

		2011 Medical, Dental, Vision Rates								
Option #	PLAN NAME	If You Earn	Bi-Weekly				Semi-Monthly			
			1 Employee Only	2 Employee Plus Spouse	3 Employee Plus Child(ren)	4 Employee Plus Family	1 Employee Only	2 Employee Plus Spouse	3 Employee Plus Child(ren)	4 Employee Plus Family
<b>MEDICAL</b>										
41 & 43 (45-HI)	PPO \$400/90%/Rx*	Under \$35,000	\$34.41	\$91.47	\$82.77	\$130.68	\$37.27	\$99.10	\$89.66	\$141.57
		\$35,000-\$80,000	\$40.48	\$107.62	\$97.37	\$153.74	\$43.85	\$116.59	\$105.49	\$166.56
		Over \$80,000	\$50.60	\$134.52	\$121.71	\$192.18	\$54.81	\$145.73	\$131.86	\$208.19
42 & 44	PPO \$900/80%/Rx*	Under \$35,000	\$18.91	\$57.67	\$52.17	\$82.38	\$20.49	\$62.47	\$56.52	\$89.25
		\$35,000-\$80,000	\$22.25	\$67.84	\$61.38	\$96.92	\$24.10	\$73.50	\$66.50	\$105.00
		Over \$80,000	\$27.81	\$84.80	\$76.73	\$121.15	\$30.13	\$91.87	\$83.12	\$131.24
40 & 46	High Deductible Health Plan*	Under \$35,000	\$22.52	\$66.65	\$60.31	\$95.22	\$24.40	\$72.21	\$65.33	\$103.15
		\$35,000-\$80,000	\$26.49	\$78.42	\$70.95	\$112.02	\$28.70	\$84.95	\$76.86	\$121.36
		Over \$80,000	\$33.12	\$98.02	\$88.68	\$140.03	\$35.88	\$106.19	\$96.08	\$151.69
18 & 19	Out of Area Plan*	Under \$35,000	\$34.41	\$91.47	\$82.77	\$130.68	\$37.27	\$99.10	\$89.66	\$141.57
		\$35,000-\$80,000	\$40.48	\$107.62	\$97.37	\$153.74	\$43.85	\$116.59	\$105.49	\$166.56
		Over \$80,000	\$50.60	\$134.52	\$121.71	\$192.18	\$54.81	\$145.73	\$131.86	\$208.19
20	Aetna Global Medical Plan	Under \$35,000	\$20.74	\$58.45	\$53.26	\$93.52	\$22.47	\$63.33	\$57.70	\$101.31
		\$35,000-\$80,000	\$24.40	\$68.77	\$62.66	\$110.02	\$26.43	\$74.50	\$67.89	\$119.19
		Over \$80,000	\$30.50	\$85.96	\$78.33	\$137.53	\$33.04	\$93.13	\$84.86	\$148.99
390	Triple S - Puerto Rico	Under \$35,000	\$18.63	\$42.17	\$48.61	\$48.61	\$20.18	\$45.68	\$52.66	\$52.66
		\$35,000-\$80,000	\$21.91	\$49.61	\$57.18	\$57.18	\$23.74	\$53.74	\$61.95	\$61.95
		Over \$80,000	\$27.39	\$62.01	\$71.48	\$71.48	\$29.68	\$67.18	\$77.44	\$77.44
<b>DENTAL</b>										
101	Aetna DMO	n/a	\$2.49	\$4.98	\$5.98	\$8.47	\$2.70	\$5.40	\$6.48	\$9.18
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
<b>VISION</b>										
1	VSP	n/a	\$4.30	\$6.85	\$6.91	\$11.32	\$4.66	\$7.43	\$7.49	\$12.26
* This coverage includes First Data Self Insured Prescription Plan = Medco Health										