

RATE SHEET

MONTHLY MEDICAL INSURANCE COSTS

NOVEMBER 1, 2011 - DECEMBER 31, 2011

PLAN NAME	TOTAL COST	COLLEGE CONTRIBUTION*	EMPLOYEE CONTRIBUTION
PERSONAL CHOICE PPO			
SINGLE	\$ 666.28	\$ 516.20	\$ 150.08
PARENT/CHILD	\$ 1,306.72	\$ 911.09	\$ 395.63
PARENT/CHILDREN	\$ 1,436.50	\$ 911.09	\$ 525.41
EMPLOYEE/SPOUSE**	\$ 1,674.27	\$ 1,037.56	\$ 636.71
FAMILY**	\$ 1,804.23	\$ 1,112.41	\$ 691.82
PERSONAL CHOICE PPO HIGH DEDUCTIBLE			
SINGLE	\$ 478.62	\$ 516.20	\$ (37.58)
PARENT/CHILD	\$ 943.79	\$ 911.09	\$ 32.70
PARENT/CHILDREN	\$ 1,056.73	\$ 911.09	\$ 145.64
EMPLOYEE/SPOUSE**	\$ 1,174.34	\$ 1,037.56	\$ 136.78
FAMILY**	\$ 1,287.31	\$ 1,112.41	\$ 174.90
KEYSTONE POS			
SINGLE	\$ 538.13	\$ 516.20	\$ 21.93
PARENT/CHILD	\$ 952.93	\$ 911.09	\$ 41.84
PARENT/CHILDREN	\$ 952.93	\$ 911.09	\$ 41.84
EMPLOYEE/SPOUSE**	\$ 1,236.11	\$ 1,037.56	\$ 198.55
FAMILY**	\$ 1,589.96	\$ 1,112.41	\$ 477.55
KEYSTONE HMO			
SINGLE	\$ 516.20	\$ 516.20	\$ -
PARENT/CHILD	\$ 914.08	\$ 911.09	\$ 2.99
PARENT/CHILDREN	\$ 914.08	\$ 911.09	\$ 2.99
EMPLOYEE/SPOUSE**	\$ 1,185.73	\$ 1,037.56	\$ 148.17
FAMILY**	\$ 1,525.17	\$ 1,112.41	\$ 412.76

*COLLEGE CONTRIBUTIONS INDICATED INCLUDE THE \$120 BUDGET PLUS AN ADDITIONAL MEDICAL SUBSIDY

**COSTS AND CONTRIBUTIONS ALSO APPLY TO *SINGLE WITH DOMESTIC PARTNER* AND *FAMILY WITH DOMESTIC PARTNER* COVERAGE.

RATE SHEET

MONTHLY MEDICAL INSURANCE COSTS

JANUARY 1, 2012 - OCTOBER 31, 2012

PLAN NAME	TOTAL COST	COLLEGE CONTRIBUTION*	EMPLOYEE CONTRIBUTION
PERSONAL CHOICE PPO			
SINGLE	\$ 666.28	\$ 545.78	\$ 120.50
PARENT/CHILDREN	\$ 1,380.87	\$ 963.30	\$ 417.57
EMPLOYEE/SPOUSE**	\$ 1,674.27	\$ 1,097.02	\$ 577.25
FAMILY**	\$ 1,804.23	\$ 1,176.16	\$ 628.07
PERSONAL CHOICE PPO HIGH DEDUCTIBLE			
SINGLE	\$ 478.62	\$ 541.12	\$ (62.50)
PARENT/CHILDREN	\$ 1,000.26	\$ 963.30	\$ 36.96
EMPLOYEE/SPOUSE**	\$ 1,174.34	\$ 1,097.02	\$ 77.32
FAMILY**	\$ 1,287.31	\$ 1,176.16	\$ 111.15
KEYSTONE POS			
SINGLE	\$ 568.64	\$ 545.78	\$ 22.86
PARENT/CHILDREN	\$ 1,006.95	\$ 963.30	\$ 43.65
EMPLOYEE/SPOUSE**	\$ 1,306.21	\$ 1,097.02	\$ 209.19
FAMILY**	\$ 1,680.11	\$ 1,176.16	\$ 503.95
KEYSTONE HMO			
SINGLE	\$ 545.78	\$ 545.78	\$ -
PARENT/CHILDREN	\$ 966.45	\$ 963.30	\$ 3.15
EMPLOYEE/SPOUSE**	\$ 1,253.68	\$ 1,097.02	\$ 156.66
FAMILY**	\$ 1,612.55	\$ 1,176.16	\$ 436.39

*COLLEGE CONTRIBUTIONS INDICATED INCLUDE THE \$120 BUDGET PLUS AN ADDITIONAL MEDICAL SUBSIDY

**COSTS AND CONTRIBUTIONS ALSO APPLY TO *SINGLE WITH DOMESTIC PARTNER* AND *FAMILY WITH DOMESTIC PARTNER* COVERAGE.

RATE SHEET

MONTHLY DENTAL AND LIFE INSURANCE COSTS

NOVEMBER 1, 2011 - OCTOBER 31, 2012

	TOTAL COST	COLLEGE CONTRIBUTION	EMPLOYEE CONTRIBUTION
DENTAL			
SINGLE	\$ 28.27	\$ 28.27	\$ -
PARENT/CHILD	\$ 60.42	\$ 28.27	\$ 32.15
PARENT/CHILDREN	\$ 94.49	\$ 28.27	\$ 66.22
EMPLOYEE/SPOUSE*	\$ 60.42	\$ 28.27	\$ 32.15
FAMILY*	\$ 94.49	\$ 28.27	\$ 66.22

SUPPLEMENTAL LIFE

RATES PER \$10,000 PER MONTH (EMPLOYEE, SPOUSE, DOMESTIC PARTNER)
AGE AS OF NOVEMBER 1, 2011

UNDER 30	\$ 0.72
30-34	\$ 0.83
35-39	\$ 1.12
40-44	\$ 1.78
45-49	\$ 2.99
50-54	\$ 4.77
55-59	\$ 7.57
60-64	\$ 9.54
65-69	\$ 15.24
70-74	\$ 26.93
OVER 74	\$ 45.63

DEPENDENT CHILD LIFE

RATES FOR ALL CHILDREN - 15 DAYS TO AGE 26

\$ 2,500	\$ 0.38
\$ 5,000	\$ 0.74
\$ 7,500	\$ 1.09
\$ 10,000	\$ 1.44

*COSTS AND CONTRIBUTIONS ALSO APPLY TO SINGLE WITH DOMESTIC PARTNER
AND FAMILY WITH DOMESTIC PARTNER COVERAGE.

MONTHLY INSURANCE COST COMPARISON

EMPLOYEE CONTRIBUTIONS

PLAN NAME	RENEWAL YEAR JAN 2011 - OCT 2012	PRIOR YEAR NOV 2010 - OCT 2011	PERCENT CHANGE
PERSONAL CHOICE PPO			
SINGLE	\$ 120.50	\$ 150.08	-19.7%
PARENT/CHILD	\$ 417.57	\$ 395.63	5.5%
PARENT/CHILDREN	\$ 417.57	\$ 525.41	-20.5%
EMPLOYEE/SPOUSE*	\$ 577.25	\$ 636.71	-9.3%
FAMILY*	\$ 628.07	\$ 691.82	-9.2%
KEYSTONE POS			
SINGLE	\$ 22.86	\$ 21.93	4.2%
PARENT/CHILD	\$ 43.65	\$ 41.84	4.3%
PARENT/CHILDREN	\$ 43.65	\$ 41.84	4.3%
EMPLOYEE/SPOUSE*	\$ 209.19	\$ 198.55	5.4%
FAMILY*	\$ 503.95	\$ 477.55	5.5%
KEYSTONE HMO			
SINGLE	\$ -	\$ -	
PARENT/CHILD	\$ 3.15	\$ 2.99	5.4%
PARENT/CHILDREN	\$ 3.15	\$ 2.99	5.4%
EMPLOYEE/SPOUSE*	\$ 156.66	\$ 148.17	5.7%
FAMILY*	\$ 436.39	\$ 412.76	5.7%
DENTAL			
SINGLE	\$ -	\$ -	
PARENT/CHILD	\$ 32.15	\$ 32.15	0.0%
PARENT/CHILDREN	\$ 66.22	\$ 66.22	0.0%
EMPLOYEE/SPOUSE*	\$ 32.15	\$ 32.15	0.0%
FAMILY*	\$ 66.22	\$ 66.22	0.0%

*CONTRIBUTIONS ALSO APPLY TO *SINGLE WITH DOMESTIC PARTNER*
AND *FAMILY WITH DOMESTIC PARTNER* COVERAGE.

MONTHLY INSURANCE COST COMPARISON

COLLEGE CONTRIBUTIONS

PLAN TYPE	RENEWAL YEAR JAN 2012 - OCT 2012	PRIOR YEAR NOV 2010 - OCT 2011	PERCENT CHANGE
MEDICAL			
SINGLE	\$ 545.78 *	\$ 516.20	5.7%
PARENT/CHILD	\$ 963.30	\$ 911.09	5.7%
PARENT/CHILDREN	\$ 963.30	\$ 911.09	5.7%
EMPLOYEE/SPOUSE**	\$ 1,097.02	\$ 1,037.56	5.7%
FAMILY**	\$ 1,176.16	\$ 1,112.41	5.7%
DENTAL	\$ 28.27	\$ 28.27	0.0%

*PERSONAL CHOICE HIGH DEDUCTIBLE SINGLE CONTRIBUTION IS \$541.12 PER INDEPENDENCE BLUE CROSS UNDERWRITING GUIDELINES

**CONTRIBUTIONS ALSO APPLY TO *SINGLE WITH DOMESTIC PARTNER* AND *FAMILY WITH DOMESTIC PARTNER* COVERAGE.