

**DEPENDENT MEDICAL PLANS**

**BCBS HMO**

	1 DEPENDENT		FAM LY (2 or Mbre Dep's)		2 EE's of the Board (Spouse COVER NG Chldren)	
	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded
BCBS (amounts are net of the \$6.25/\$7.50)	\$216.11	\$259.33	\$363.68	\$436.41	\$150.82	\$180.98
Mental Health	\$ 1.64	\$ 1.96	\$ 1.71	\$ 2.05	\$ .18	\$ .22
Prescription	\$51.06	\$61.27	\$80.95	\$97.14	\$30.95	\$37.14
<b>TOTAL</b>	<b>\$268.81</b>	<b>\$322.57</b>	<b>\$446.33</b>	<b>\$535.60</b>	<b>\$181.95</b>	<b>\$218.34</b>

**BCBS BLUE OPTIONS PREMIUM PLANS**

	SI NGL E COVERAGE		1 DEPENDENT		FAM LY (2 or Mbre Dep's)		2 EE's of the Board (Spouse COVER NG Chldren)	
	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded
BCBS (amounts are net of the \$6.25/\$7.50)			\$214.61	\$257.53	\$361.18	\$433.42	\$122.04	\$146.44
Mental Health			\$ 1.64	\$ 1.96	\$ 1.71	\$ 2.05	\$ .18	\$ .22
Prescription			\$51.06	\$61.27	\$80.95	\$97.14	\$30.95	\$37.14
Buy Up for Employee Coverage	\$32.50	\$39.00	\$32.50	\$39.00	\$32.50	\$39.00	\$32.50	\$39.00
<b>TOTAL</b>	<b>\$32.50</b>	<b>\$39.00</b>	<b>\$299.81</b>	<b>\$359.77</b>	<b>\$476.34</b>	<b>\$571.60</b>	<b>\$185.67</b>	<b>\$222.80</b>

**BCBS BLUE OPTIONS STANDARD PLANS**

	SI NGL E COVERAGE		1 DEPENDENT		FAM LY (2 or Mbre Dep's)		2 EE's of the Board (Spouse COVER NG Chldren)	
	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded
BCBS (amounts are net of the \$6.25/\$7.50)			\$210.52	\$252.62	\$354.38	\$425.26	\$132.74	\$159.28
Mental Health			\$ 1.64	\$ 1.96	\$ 1.71	\$ 2.05	\$ .18	\$ .22
Prescription			\$51.06	\$61.27	\$80.95	\$97.14	\$30.95	\$37.14
Buy Up for Employee Coverage	\$15.00	\$18.00	\$15.00	\$18.00	\$15.00	\$18.00	\$15.00	\$18.00
<b>TOTAL</b>	<b>\$15.00</b>	<b>\$18.00</b>	<b>\$278.22</b>	<b>\$333.86</b>	<b>\$452.04</b>	<b>\$542.44</b>	<b>\$178.87</b>	<b>\$214.64</b>

\*Dependent Premiums for BCBS BlueOptions PPO Plans include single coverage buy up amounts.

**MINNESOTA LIFE GROUP TERM LIFE INSURANCE**

Age	Empl oye e Onl y Per \$10,000	Spouse Onl y Per \$5,000	Chi l d (r e n) Onl y Per Pay
18 - 24	\$0.36	\$0.18	\$0.79
25 - 29	\$0.30	\$0.15	
30 - 34	\$0.36	\$0.18	
35 - 39	\$0.54	\$0.27	
40 - 44	\$0.84	\$0.42	
45 - 49	\$1.38	\$0.69	
50 - 54	\$2.10	\$1.05	
55 - 59	\$3.12	\$1.56	
60 - 64	\$4.44	\$2.22	
65 - 69	\$7.38	\$3.69	
70 - 74	\$13.20	\$6.60	
75 & over	\$26.94	\$13.47	

**OPT-OUT TAXABLE INCOME PER PAY**

24 Ded	20 Ded
\$50.00	\$60.00

**LINA TERM LIFE INSURANCE**

Empl oye e Onl y	20 Pays	24 Pays
\$5,000	\$0.96	\$0.80
\$10,000	\$1.92	\$1.60
\$15,000	\$2.88	\$2.40

**LOW OPTION PPO (BOTH EMPLOYEE & DEPENDENTS ENROLLED)**

	1 DEPENDENT, NOT Pasco Married EE		FAM LY (2 or Mbre Dep's); NOT Pasco Married EE		2 EE's of the Board (Spouse COVER NG Chldren)	
	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded
BCBS (amounts are net of the \$6.25/\$7.50)	\$96.15	\$115.38	\$163.19	\$195.82	\$ .00	\$ .00
Mental Health	\$ 1.64	\$ 1.96	\$ 1.71	\$ 2.05	\$ .18	\$ .22
Prescription	\$51.06	\$61.27	\$80.95	\$97.14	\$24.70	\$29.64
<b>TOTAL</b>	<b>\$148.85</b>	<b>\$178.61</b>	<b>\$245.84</b>	<b>\$295.01</b>	<b>\$24.88</b>	<b>\$29.86</b>

**LOW OPTION PPO (ONLY DEPENDENTS ENROLLED, EE IS IN THE HMO OR BLUE OPTIONS PLAN)**

	1 DEPENDENT		FAM LY (2 or Mbre Dep's)	
	24 Ded	20 Ded	24 Ded	20 Ded
BCBS (amounts are net of the \$6.25/\$7.50)	\$120.01	\$144.01	\$203.80	\$244.55
Mental Health	\$ 1.64	\$ 1.96	\$ 1.71	\$ 2.05
Prescription	\$51.06	\$61.27	\$80.95	\$97.14
<b>TOTAL</b>	<b>\$172.70</b>	<b>\$207.24</b>	<b>\$286.45</b>	<b>\$343.74</b>

**DENTAL PLANS**

DELTA DENTAL	Hi gh PPO Pl an		Low PPO Pl an		DHMO 14A	
	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded
Employee Only	\$18.03	\$21.64	\$12.05	\$14.46	\$8.61	\$10.33
Employee + one Dependent	\$44.96	\$53.95	\$29.23	\$35.07	\$15.07	\$18.08
EE+ 2 or more Dependents	\$61.54	\$73.85	\$40.80	\$48.96	\$23.68	\$28.41

**VISION PLAN**

DAVIS VISION	Opti on I Desi gner OC#2825		Opti on II Premi er Pl at i num Pl us OC#2826		Opti on III Premi er Pl at i num Pl us (Two- Pai r)	
	24 Ded	20 Ded	24 Ded	20 Ded	24 Ded	20 Ded
Employee Only	\$3.82	\$4.58	\$5.34	\$6.40	\$8.36	\$10.03
Employee + Family	\$10.92	\$13.10	\$15.25	\$18.29	\$23.90	\$28.68

**LEGAL SERVICES**

PRE-PAID LEGAL SERVICES	
24 Ded	\$8.38
20 Ded	\$10.05