

2012 Active Employee Cumulative Premium Rates

MEDICAL	Employee	Add Spouse	Add Spouse& 1 Child	Add Spouse & Children	Employee & Child	Employee & Children
HealthChoice High	\$ 449.48	\$1,117.58	\$1,345.78	\$1,469.66	\$677.68	\$801.56
HealthChoice High Alternative	\$ 449.48	\$1,117.58	\$1,345.78	\$1,469.66	\$677.68	\$801.56
HealthChoice Basic	\$ 391.64	\$963.48	\$1,165.30	\$1,274.28	\$593.46	\$702.44
HealthChoice Basic Alternative	\$ 391.64	\$963.48	\$1,165.30	\$1,274.28	\$593.46	\$702.44
HealthChoice S-Account	\$ 382.56	\$925.08	\$1,115.26	\$1,216.98	\$572.74	\$674.46
HealthChoice USA	\$ 688.82	\$1,377.64	\$1,603.86	\$1,726.50	\$915.04	\$1,037.68
CommunityCare Standard HMO	\$ 803.22	\$1,951.80	\$2,353.40	\$2,594.36	\$1,204.82	\$1,445.78
CommunityCare Alternative HMO	\$ 553.96	\$1,346.10	\$1,623.08	\$1,789.26	\$830.94	\$997.12
CommunityCare Wellness Alternative Plus HMO	\$ 528.96	\$1,321.10	\$1,598.08	\$1,764.26	\$805.94	\$972.12
GlobalHealth Standard HMO	\$ 402.84	\$1,063.56	\$1,275.83	\$1,402.00	\$615.11	\$741.28
GlobalHealth Alternative HMO	\$ 366.24	\$966.92	\$1,159.92	\$1,274.62	\$559.24	\$673.94
GlobalHealth Wellness Alternative Plus HMO	\$ 341.24	\$941.92	\$1,134.92	\$1,249.62	\$534.24	\$648.94
UnitedHealthcare Standart HMO	\$ 768.80	\$1,874.16	\$2,258.28	\$2,488.88	\$1,152.92	\$1,383.52
UnitedHealthCare Alternative HMO	\$ 530.20	\$1,292.52	\$1,557.42	\$1,716.46	\$795.10	\$954.14
UnitedHealthcare Wellness Alternative Plus HMO	\$ 505.20	\$1,267.52	\$1,532.42	\$1,691.46	\$770.10	\$929.14
DENTAL	Employee	Add Spouse	Add Spouse& 1 Child	Add Spouse & Children	Employee & Child	Employee & Children
HealthChoice	\$ 30.20	\$60.40	\$85.58	\$125.72	\$55.38	\$95.52
Assurant Freedom Preferred	\$ 28.83	\$57.50	\$79.00	\$115.30	\$50.33	\$86.63
Assurant Heritage Plus (Prepaid)	\$ 11.74	\$20.60	\$28.20	\$35.80	\$19.34	\$26.94
Assurant Heritage Secure (Prepaid)	\$ 7.20	\$13.18	\$18.38	\$23.56	\$12.40	\$17.58
CIGNA Prepaid	\$ 9.26	\$15.32	\$22.40	\$30.64	\$16.34	\$24.58
Delta Dental PPO (POS)	\$ 33.64	\$67.26	\$96.52	\$141.30	\$62.90	\$107.68
Delta Dental Premier	\$ 38.36	\$76.72	\$110.10	\$161.18	\$71.74	\$122.82
Delta Dental PPO - Choice	\$ 15.06	\$49.24	\$83.68	\$132.84	\$49.50	\$98.66

VISION	Employee	Add Spouse	Add Spouse & 1 Child	Add Spouse & Children	Employee & Child	Employee & Children
Humana/CompBenefits VisionCare	\$ 6.76	\$11.82	\$15.39	\$16.28	\$10.33	\$11.22
Primary Vision Care Services	\$ 9.25	\$17.25	\$25.75	\$28.00	\$17.75	\$20.00
Superior Vision Services	\$ 7.14	\$14.24	\$20.96	\$28.04	\$13.86	\$20.94
UnitedHealthcare Vision	\$ 8.18	\$13.97	\$18.56	\$20.95	\$12.77	\$15.16
Vision Service Plan (VSP)	\$ 8.76	\$14.63	\$20.25	\$27.27	\$14.38	\$21.40
LIFE						
Age-Rated Supplemental Life - Cost Per \$20,000						
< 30 ----- \$0.60	45 - 49 ----- \$2.00		65 - 69 ----- \$10.20			
30 - 34 ----- \$0.60	50 - 54 ----- \$3.40		70 - 74 ----- \$17.40			
35 - 39 ----- \$0.80	55 - 59 ----- \$5.40		75+ ----- \$27.00			
40 - 44 ----- \$1.20	60 - 64 ----- \$6.20					
Dependent	Low Option \$2.60		Standard Option \$ 4.32		Premier Option \$8.64	
Spouse	\$6,000		\$10,000		\$20,000	
Child (age 6 months to 26)	\$3,000		\$5,000		\$10,000	
Child (live birth to 6 months)	\$1,000		\$1,000		\$1,000	