

Indemnity, PPO, HSA PPO (HDHP) and HMO Premium Rates

	Indemnity Plan		Preferred Provider Option (PPO)		Preferred Provider Option (PPO) Consumer Choice Option	HSA PPO (HDHP)		
PLAN YEAR	2008	2009	2008	2009	2009	2008	2009	2009
						HSA Premium	HSA Premium	Consumer Choice Option
Employee Only								
Employee	\$140.62	\$279.38	\$105.18	\$113.04	\$158.28	\$22.70	\$23.84	\$47.68
Employer	\$421.68	\$339.16	\$315.48	\$339.16	\$339.16	\$204.34	\$214.54	\$214.54
Total Rate	\$562.30	\$618.54	\$420.66	\$452.20	\$497.44	\$227.04	\$238.38	\$262.22
Employee + Child								
Employee	\$253.00	\$502.76	\$189.30	\$203.48	\$284.92	\$39.68	\$41.66	\$83.30
Employer	\$759.02	\$610.46	\$567.86	\$610.46	\$610.46	\$357.04	\$374.90	\$374.90
Total Rate	\$1,012.02	\$1,113.22	\$757.16	\$813.94	\$895.38	\$396.72	\$416.56	\$458.20
Employee + Spouse								
Employee	\$295.20	\$586.60	\$220.84	\$237.40	\$332.38	\$46.04	\$48.34	\$96.66
Employer	\$885.54	\$712.22	\$662.52	\$712.22	\$712.22	\$414.32	\$435.04	\$435.04
Total Rate	\$1,180.74	\$1,298.82	\$883.36	\$949.62	\$1,044.60	\$460.36	\$483.38	\$531.70
Family								
Employee	\$407.64	\$810.04	\$304.96	\$327.82	\$458.96	\$63.00	\$66.16	\$132.30
Employer	\$1,222.84	\$983.48	\$914.86	\$983.48	\$983.48	\$567.04	\$595.38	\$595.38
Total Rate	\$1,630.48	\$1,793.52	\$1,219.82	\$1,311.30	\$1,442.44	\$630.04	\$661.54	\$727.68
Retiree With Medicare								
Employee	\$82.28	\$170.44	\$59.38	\$63.82	\$89.36	\$22.70	\$23.84	\$47.68
Employer	\$246.76	\$191.50	\$178.12	\$191.50	\$191.50	\$204.34	\$214.54	\$214.54
Total Rate	\$329.04	\$361.94	\$237.50	\$255.32	\$280.86	\$227.04	\$238.38	\$262.22
Retiree + One Both With Medicare								
Employee	\$164.56	\$340.96	\$118.76	\$127.66	\$178.78	\$46.04	\$48.34	\$96.66
Employer	\$493.54	\$382.96	\$356.24	\$382.96	\$382.96	\$414.32	\$435.04	\$435.04
Total Rate	\$658.10	\$723.92	\$475.00	\$510.62	\$561.74	\$460.36	\$483.38	\$531.70

*To qualify for "Retiree with Medicare" or "Retiree + One, Both with Medicare" coverage, all eligible individuals must have and assign Medicare Parts A and B to the HMO.

	BlueChoice HMO			Kaiser Permanente HMO		
PLAN YEAR	2008	2009	2009	2008	2009	2009
	HMO Premium	HMO Premium	Consumer Choice Option	HMO Premium	HMO Premium	Consumer Choice Option
Employee Only						
Employee	\$78.78	\$83.90	\$142.64	\$83.52	\$86.78	\$147.56
Employer	\$236.32	\$251.68	\$251.68	\$250.62	\$260.38	\$260.38
Total Rate	\$315.10	\$335.58	\$394.32	\$334.14	\$347.16	\$407.94
Employee + Child						
Employee	\$141.80	\$151.02	\$256.72	\$150.36	\$156.22	\$265.56
Employer	\$425.38	\$453.04	\$453.04	\$451.08	\$468.68	\$468.68
Total Rate	\$567.18	\$604.06	\$709.76	\$601.44	\$624.90	\$734.24
Employee + Spouse						
Employee	\$165.42	\$176.18	\$299.52	\$175.42	\$182.28	\$309.82
Employer	\$496.32	\$528.56	\$528.56	\$526.26	\$546.78	\$546.78
Total Rate	\$661.74	\$704.74	\$828.08	\$701.68	\$729.06	\$856.60
Family						
Employee	\$228.46	\$243.30	\$413.62	\$242.26	\$251.70	\$427.86
Employer	\$685.36	\$729.92	\$729.92	\$726.76	\$755.10	\$755.12
Total Rate	\$913.82	\$973.22	\$1,143.54	\$969.02	\$1,006.80	\$1,182.98
Retiree With Medicare						
Employee				\$75.74	\$78.68	N/A
Employer				\$227.20	\$236.06	N/A
Total Rate				\$302.94	\$314.74	N/A
Retiree + One						
Both With Medicare						
Employee				\$151.48	\$157.38	N/A
Employer				\$454.40	\$472.12	N/A
Total Rate				\$605.88	\$629.50	N/A

*To qualify for "Retiree with Medicare" or "Retiree + One, Both with Medicare" coverage, all eligible individuals must have and assign Medicare Parts A and B to the HMO.

