

WEEKLY EMPLOYEE HEALTH PLAN RATES FOR ALL PLANS – New Hires
Effective: January 2, 2015 to December 31, 2015

Medical Plans (FT): <u>Without</u> Wellness Reward ^{(1), (2), (3)}				
For New Hires (and current employees electing on or after 1/2/15)	Single	EE + Child(ren)	EE + Spouse/Partner	Family
Employees in Grades 11 and Below:				
Basic Plan	\$16.50	\$60.14	\$110.76	\$146.02
Prime Plan	\$35.24	\$93.75	\$153.97	\$205.37
Employees in Grades 12 - 19:				
Basic Plan	\$24.65	\$67.63	\$110.76	\$146.02
Prime Plan	\$43.38	\$101.24	\$153.97	\$205.37
Employees in Grades 20 - 44:				
Basic Plan	\$27.74	\$76.24	\$110.76	\$146.02
Prime Plan	\$46.48	\$109.85	\$153.97	\$205.37
Employees in Grades 45+:				
Basic Plan	\$31.60	\$87.00	\$110.76	\$146.02
Prime Plan	\$50.34	\$120.62	\$153.97	\$205.37

Medical Plans (FT): <u>With</u> Wellness Reward ^{(1), (2), (3)}				
Does not apply to New Hires	Single	EE + Child(ren)	EE + Spouse/Partner	Family
Employees in Grades 11 and Below:				
Basic Plan	\$1.50	\$45.14	\$95.76	\$131.02
Prime Plan	\$20.24	\$78.75	\$138.97	\$190.37
Employees in Grades 12 - 19:				
Basic Plan	\$9.65	\$52.63	\$95.76	\$131.02
Prime Plan	\$28.38	\$86.24	\$138.97	\$190.37
Employees in Grades 20 - 44:				
Basic Plan	\$12.74	\$61.24	\$95.76	\$131.02
Prime Plan	\$31.48	\$94.85	\$138.97	\$190.37
Employees in Grades 45+:				
Basic Plan	\$16.60	\$72.00	\$95.76	\$131.02
Prime Plan	\$35.34	\$105.62	\$138.97	\$190.37

- (1) The Tobacco Surcharge is not included in the medical rates. Employees and/or dependents who use tobacco products will pay an additional \$20.00 Weekly.
- (2) Aetna medical is offered in AZ, CA, CO, CT, FL, GA, KS, KY, ME, MO, NJ, NV, NY, OH, OK, OR, TX and WA. Blue Cross is offered in all other states except HI.
- (3) **Basic** and the **Prime** medical plans are offered to those electing medical on or after **1/2/2015**.



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Dental Plans (FT & PT)	Single	EE + Child(ren)	EE + Spouse/Partner	Family
Employees in All Grades:				
Aetna Participating DPPO	\$6.18	\$14.97	\$12.33	\$23.33
Aetna Non Participating DPPO	\$7.60	\$18.41	\$15.16	\$28.68
Vision Plans (FT & PT)	Single	EE + Child(ren)	EE + Spouse/Partner	Family
Employees in All Grades:				
VSP Choice Plan	\$1.57	\$2.58	\$2.21	\$4.13
VSP Choice Plus Plan	\$2.15	\$3.54	\$3.02	\$5.66