

7/1/12-6/30/13 Rates

Southern Health						
Monthly Total Prem(with adm fee)	Monthly Employer Premium (benefit)	Adm 3% Fee	Monthly Employer Contribution	Monthly Employee Contribution	Bi-weekly Employee Deduction	
POS 1						
Employee Only	\$ 591.64	\$ 523.66	\$ 17.23	\$ 506.43	\$ 67.98	\$ 33.99
Employee+ 1Child	\$ 838.75	\$ 530.86	\$ 24.43	\$ 506.43	\$ 307.88	\$ 153.94
Employee+Spouse	\$1,011.23	\$ 535.88	\$ 29.45	\$ 506.43	\$ 475.34	\$ 237.67
Employee+Family	\$1,152.81	\$ 540.01	\$ 33.58	\$ 506.43	\$ 612.80	\$ 306.40
Employee-Part-Time	\$ 591.64	\$ 270.45	\$ 17.23	\$ 253.22	\$ 321.18	\$ 160.59
POS 2						
Employee Only	\$ 546.77	\$ 522.36	\$ 15.93	\$ 506.43	\$ 24.40	\$ 12.20
Employee+ 1Child	\$ 774.81	\$ 529.00	\$ 22.57	\$ 506.43	\$ 245.80	\$ 122.90
Employee+Spouse	\$ 934.05	\$ 533.64	\$ 27.21	\$ 506.43	\$ 400.40	\$ 200.20
Employee+Family	\$1,064.76	\$ 537.44	\$ 31.01	\$ 506.43	\$ 527.32	\$ 263.66
Employee-Part-Time	\$ 546.77	\$ 269.15	\$ 15.93	\$ 253.22	\$ 277.62	\$ 138.81
HMO Plan						
Employee Only	\$ 472.01	\$ 472.01	\$ 13.75	\$ 458.26	\$ -	\$ -
Employee+ 1Child	\$ 684.10	\$ 526.36	\$ 19.93	\$ 506.43	\$ 157.74	\$ 78.87
Employee+Spouse	\$ 809.52	\$ 530.01	\$ 23.58	\$ 506.43	\$ 279.50	\$ 139.75
Employee+Family	\$ 952.99	\$ 534.19	\$ 27.76	\$ 506.43	\$ 418.80	\$ 209.40
Employee-Part-Time	\$ 472.01	\$ 266.97	\$ 13.75	\$ 253.22	\$ 205.04	\$ 102.52

Delta Dental						
Monthly Total Prem(with adm fee)	Monthly Employer Premium (benefit)	Adm 3% Fee	Monthly Employer Contribution	Monthly Employee Contribution	Bi-weekly Employee Deduction	
Employee Only	\$ 32.81	\$ 32.81	\$ 0.96	\$ 31.85	\$ -	\$ -
Employee+ 1Child	\$ 50.49	\$ 33.32	\$ 1.47	\$ 31.85	\$ 17.16	\$ 8.58
Employee+Spouse	\$ 55.31	\$ 33.46	\$ 1.61	\$ 31.85	\$ 21.84	\$ 10.92
Employee+Family	\$ 77.47	\$ 34.11	\$ 2.26	\$ 31.85	\$ 43.36	\$ 21.68
Employee-Part-Time	\$ 32.81	\$ 16.89	\$ 0.96	\$ 15.93	\$ 15.92	\$ 7.96
Emp+Spo-Part-Time	\$ 55.31	\$ 17.54	\$ 1.61	\$ 15.93	\$ 37.76	\$ 18.88

Southern Health-Medicare Supplement (renews annually in December)

Over on Medicare

Supplemental - Medicare

	Total Monthly Premium
65	236.09
66	247.09
67	253.09
68	260.09
69	266.09
70	271.09
71	277.09
72	283.09
73	289.09
74	294.09
75+	308.09