

**2011/2012 BENEFIT DATA FOR  
ASSOCIATION BREMERTON EXEMPT ADMINISTRATORS  
AND EXEMPT SUPERVISORS/COORDINATORS**

**MANDATORY BENEFIT PREMIUMS**

<b>Ameritas Group</b>	<b><u>Plan A – with Ortho</u></b>	<b><u>TI-Low</u></b>
Employee	-- \$ 47.00	-- \$ 39.75
Employee/Spouse	-- \$ 90.18	-- \$ 75.93
Employee/Children	-- \$108.60	-- \$ 97.24
Employee/Spouse/Children	-- \$151.78	-- \$133.42
<b>OR</b>		
<b>Willamette Dental</b>	<b><u>Plan 1</u></b>	
	-- \$ 76.65	
Long-Term Disability	-- \$ 41.10	
Life Insurance (\$100,000)	-- \$ 23.61	
Vision Insurance (Family)	-- \$ 23.04	

**MEDICAL BENEFIT PREMIUMS (optional)**

**PREMERA BLUE CROSS** (option determined by employee)

	<b><u>Plan 1*</u></b>	<b><u>Plan 2**</u></b>	<b><u>Plan 3***</u></b>	<b><u>Easy Choice****</u></b>	<b><u>Plan 5*****</u></b>
Employee	-- \$ 892.00	-- \$ 683.35	-- \$ 611.80	-- \$ 466.30	-- \$ 803.70
Employee/Spouse	-- \$1,659.95	-- \$1,292.70	-- \$1,156.70	-- \$ 879.90	-- \$1,591.15
Employee/Child(ren)	-- \$1,233.45	-- \$ 941.35	-- \$ 842.70	-- \$ 641.35	-- \$1,129.75
Employee/Spouse/Child(ren)	-- \$2,038.85	-- \$1,550.70	-- \$1,387.60	-- \$1,054.95	-- \$1,917.20

**GROUP HEALTH**

Employee	-- \$ 576.41
Employee/Spouse	-- \$1,152.74
Employee/Child	-- \$ 896.72
Employee/Children	-- \$1,155.27
Employee/Spouse/Child	-- \$1,473.11
Employee/Spouse/Children	-- \$1,731.63

**KITSAP PHYSICIAN'S SERVICE** (option determined by employee)

	<b><u>Plan A</u></b>	<b><u>Plan B</u></b>	<b><u>Plan C</u></b>	<b><u>Plan D</u></b>
	<b>\$100 Deductible/Person \$300 Maximum/Family</b>	<b>\$200 Deductible/Person \$600 Maximum/Family</b>	<b>\$500 Deductible/Person \$1,500 Maximum/Family</b>	<b>\$1,000 Deductible/Person \$3,000 Maximum/Family</b>
Employee	-- \$ 587.00	-- \$ 537.00	-- \$ 466.00	-- \$ 448.00
Employee/Spouse	-- \$1,174.00	-- \$1,074.00	-- \$ 933.00	-- \$ 896.00
Employee/Child(ren)	-- \$ 822.00	-- \$ 751.00	-- \$ 652.00	-- \$ 627.00
Employee/Spouse/Child(ren)	-- \$1,409.00	-- \$1,288.00	-- \$1,119.00	-- \$1,075.00

Deductible:

\*\$50 combined In + Out/Individual; \$150 combined In + Out/Family  
 \*\*\$100 combined In + Out/Individual; \$300 combined In + Out/Family  
 \*\*\*\$200 combined In + Out/Individual; \$600 combined In + Out/Family

\*\*\*\*A-In-\$1,000/Individual, Out-\$2,000/Individual; In-\$3,000/Family, Out-\$6,000/Family  
 B-In-\$750/Individual, Out-\$1,500/Individual; In-\$2,250/Family, Out-\$4,500/Family  
 C-In-\$0/Individual, Out-\$250/Individual; In-\$0/Individual, Out-\$750/Family  
 \*\*\*\*\*In-\$100/Individual, Out-\$250/Individual; In-\$300/Family, Out-\$250/Family Member

