

**2011/2012 BENEFIT DATA FOR
NON-REPRESENTED EMPLOYEES**

MANDATORY BENEFIT PREMIUMS

Ameritas Group	<u>Plan A – with Ortho</u>	<u>TI-Low – with Ortho</u>
Employee	-- \$ 47.00	-- \$ 39.75
Employee/Spouse	-- \$ 90.18	-- \$ 75.93
Employee/Children	-- \$108.60	-- \$ 97.24
Employee/Spouse/Children	-- \$151.78	-- \$133.42
OR		
Willamette Dental	<u>Plan 1</u>	
	-- \$ 88.10	
Long-Term Disability	---- \$ 21.20	
Life Insurance (\$25,000)	---- \$ 7.80	
Vision Insurance (Family)	---- \$ 23.04	

MEDICAL BENEFIT PREMIUMS (optional)

PREMERA BLUE CROSS (option determined by employee)

	<u>Plan 1*</u>	<u>Plan 2**</u>	<u>Plan 3***</u>	<u>Easy Choice****</u>	<u>Plan 5*****</u>
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)

	<u>Plan A</u>	<u>Plan B</u>	<u>Plan C</u>	<u>Plan D</u>
	\$100 Deductible/Person \$300 Maximum/Family	\$200 Deductible/Person \$600 Maximum/Family	\$500 Deductible/Person \$1,500 Maximum/Family	\$1,000 Deductible/Person \$3,000 Maximum/Family
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
 August 18, 2011

****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
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