

## 2005 with two-person DR

This Chart applies to all Employees whose positions are represented by any  
**MNGT**

### COMPUTATION METHOD OF HMO "CITY SHARE"

The CITY will pay, monthly, 100% of the lowest single or lowest family HMO premium cost to the more than \$336.43 (Single) or \$918.45 (Family) toward the cost of your HMO. Any excess HMO p deducted as a payroll deduction from the last paycheck of each month.

### COMPUTATION METHOD OF BASIC PLAN "EMPLOYEE SHARE"

An employee will pay \$40.00 (single) or \$80.00 (family) as his/her share of the Basic Plan cost. Thi deduction from the last paycheck of each month.

Chart I - 2004 Monthly Health Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	Two Person Premium (2x single)	City Share of Two person
Aurora Family Network	\$ 352.29	\$ 352.29	No Cost	\$ 704.58	\$ 704.58
CompcareBlue Broad Net.	\$ 437.78	\$ 352.29	\$ 85.49	\$ 875.56	\$ 704.58
Basic Plan	\$ 523.86	\$ 352.29	\$ 184.46	\$ 1,047.72	\$ 704.58
Patient Choice Tier I	\$ 366.02	\$ 352.29	\$ 13.73	\$ 732.04	\$ 704.58
Patient Choice Tier II	\$ 401.50	\$ 352.29	\$ 49.21	\$ 803.00	\$ 704.58

Chart II - Monthly Dental Plan Rates for 2005 with one two person (2x) and one family (3x)

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	two person rate (2x single)	City share (2x single, \$26.00)
WPS/Delta Dental	\$ 23.49	\$ 13.00	\$ 10.49	\$ 46.98	\$ 26.00
Care-Plus	\$ 25.96	\$ 13.00	\$ 12.96	\$ 51.92	\$ 26.00
DentalBlue	\$ 25.25	\$ 13.00	\$ 12.25	\$ 50.50	\$ 26.00
First Commonwealth	\$ 26.11	\$ 13.00	\$ 13.11	\$ 52.22	\$ 26.00



# AFT

of the following units:

City. For 2004, this contribution ("City Share") will be no premium over these amounts ("Employee Share") will be

(difference of low cost HMO)

this amount ("Employee Share") will be deducted as a payroll

Employee Share of Two Person	FAMILY PREMIUM (CURRENT)	CITY SHARE (CURRENT)	FAMILY EMPLOYEE SHARE (CURRENT)	Family Premium (3.5 single)	City Share
<i>no cost</i>	\$ 962.13	\$ 962.13	<i>No Cost</i>	\$ 1,230.02	\$ 1,230.02
\$ 170.98	\$ 1,195.51	\$ 962.13	\$ 233.38	\$ 1,532.23	\$ 1,230.02
\$ 343.14	\$ 1,251.68	\$ 962.13	\$ 289.55	\$ 1,833.51	\$ 1,230.02
\$ 27.46	\$ 988.20	\$ 962.13	\$ 26.07	\$ 1,281.07	\$ 1,230.02
\$ 98.42	\$ 1,084.06	\$ 962.13	\$ 121.93	\$ 1,405.25	\$ 1,230.02

Employee share (balance)	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE	Family Premium (3.5x single)	City Share
\$ 20.98	\$ 80.92	\$ 37.50	\$ 43.42	82.22	45.5
\$ 25.92	\$ 74.59	\$ 37.50	\$ 37.09	90.86	45.5
\$ 24.50	\$ 75.75	\$ 37.50	\$ 38.25	88.38	45.5
\$ 26.22	\$ 78.80	\$ 37.50	\$ 41.30	91.38	45.5



**Employee  
Share**

**No Cost**

\$ 302.21  
\$ 603.49  
\$ 51.05  
\$ 175.23

**Employee  
Share**

36.72  
43.36  
42.88  
45.88

## 2006 preliminary RATE CHART FOR ACTIVE EMPLOYEES without Narrow Network

This Chart applies to all Employees whose positions are represented by any of the following units:  
**General City Represented, no PC or tiered**

### COMPUTATION METHOD OF "CITY SHARE"

The CITY will pay, monthly, 100% of the lowest single or lowest family HMO premium cost to the City. For 2006, this contribution ("City Share") will be no more than \$389.30 (Single) or \$1063.05 (Family) toward the cost of Health Plan of your choice. Any excess premium over these amounts ("Employee Share") will be deducted as a payroll deduction from the second paycheck of each month.

**Chart I - Monthly Health Plan Rates For 2006**

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>Aurora Family Network</b>	\$ 389.30	\$ 389.30	<b>No Cost</b>	\$ 1,063.05	\$ 1,063.05	<b>No Cost</b>
<b>CompcareBlue Broad Network</b>	\$ 641.80	\$ 389.30	<b>\$ 252.50</b>	\$ 1,752.10	\$ 1,063.05	<b>\$ 689.05</b>
<b>Basic Plan</b>	\$ 644.35	\$ 569.35	<b>\$ 75.00</b>	\$ 1,452.17	\$ 1,302.17	<b>\$ 150.00</b>

**Chart II - Monthly Dental Plan Rates For 2006**

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$ 24.67	\$ 13.00	<b>\$ 11.67</b>	\$ 84.97	\$ 37.50	<b>\$ 47.47</b>
<b>Care-Plus</b>	\$ 28.65	\$ 13.00	<b>\$ 15.65</b>	\$ 83.44	\$ 37.50	<b>\$ 45.94</b>
<b>DentalBlue</b>	\$ 27.02	\$ 13.00	<b>\$ 14.02</b>	\$ 81.05	\$ 37.50	<b>\$ 43.55</b>
<b>First Commonwealth</b>	\$ 27.81	\$ 13.00	<b>\$ 14.81</b>	\$ 83.92	\$ 37.50	<b>\$ 46.42</b>

When this material was printed, the City had not established Health/Dental terms for 2006 with all employee groups. As a result the above contribution levels may change.