

2010 MONTHLY RATE CHART FOR RETIREES & SURVIVING SPOUSES

These rates are effective January 1, 2010

We will deduct the new rates effective with your December, 2009 pension check.
This is official notification of health plan rates for 2010. DO NOT discard this rate chart.

RATE CHART I - These Rates Apply To You If You Are:

- 1 General City, Fire or Police Retirees age 65 and over.
- 2 Ordinary Disability Retiree
- 3 Certain General City Retirees under age 60, or between 60-65 paying for health coverage.
- 4 Surviving Spouses of certain General City, Fire or Police Service Retirees.

2010 Monthly Health Premium Rates

(Rates in parentheses are the 2009 rates and are shown only for comparison purposes)

Plan Code	If you are or your family consists of:	Basic Plan	United Health Care (UHC)	Secure Horizons Group Medicare Advantage Plan
1	A single w/o Medicare	\$977.62 (\$911.38)	\$509.29 (\$423.00)	N/A
3	Family w/o Medicare	\$1,735.60 (\$1,615.00)	\$1,390.31 (\$1,154.75)	N/A
4	One with Medicare	\$282.09 (\$262.98)	\$410.29 (\$340.77)	\$277.46 (\$267.85)
5	Two with Medicare	\$532.72 (\$496.63)	\$820.55 (\$681.52)	\$554.91 (\$535.70)
6	One with Medicare & one w/o Medicare	\$1,260.96 (\$1,175.52)	\$931.77 (\$773.90)	N/A
7	One with Medicare, one w/o Medicare & Dependent Child(ren)	\$1,479.89 (\$1,379.61)	\$1,313.99 (\$1,091.36)	N/A
8	Family with Medicare & Dependent Child(ren)	\$754.76 (\$703.62)	\$1,202.77 (\$998.97)	N/A
9	One w/o Medicare & Dependent Child(ren)	\$1,424.73 (\$1,328.19)	\$1,423.72 (\$1,182.49)	N/A
10	One with Medicare & Dependent Child(ren)	\$709.43 (\$661.36)	\$1,313.99 (\$1,091.36)	N/A

"With Medicare" means having both parts of Medicare, Hospital (Part A) and Medical (Part B).

The Secure Horizons plan is only available for Plan Codes 4 (one with medicare) and 5 (two with medicare)

2010 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:
Local 494 Electrical and Milwaukee Building & Construction Trades Council (MBCTC)

HMO "EMPLOYEE SHARE" COMPUTATION

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

BASIC PLAN "EMPLOYEE SHARE" COMPUTATION

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

CHART I - 2010 Monthly Health Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$668.34	\$648.34	\$20.00	\$1,825.01	\$1,785.01	\$40.00
Basic Plan	\$849.57	\$774.57	\$75.00	\$1,914.68	\$1,764.68	\$150.00

CHART II - 2010 Monthly Dental Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$24.95	\$13.00	\$11.95	\$86.20	\$37.50	\$48.70
Care-Plus	\$39.15	\$13.00	\$26.15	\$115.38	\$37.50	\$77.88
DentalBlue	\$47.25	\$13.00	\$34.25	\$141.77	\$37.50	\$104.27
First Commonwealth not offered in 2010	Not Offered	N/A	N/A	Not Offered	N/A	N/A

2010 RATE CHART FOR ACTIVE EMPLOYEES

This Chart applies to all Employees whose positions are represented by any of the following units:
**District Council 48; Loc 61 Sanitation; TEAM; Assc of Scient Pers; NMNR; ALEASP (Clerical);
 Assc of Muni Attys; SNC; Loc 139; Loc 195 Bridge Operators; Loc 494 Mach; Loc 75 Plumbers;
 Loc 510 IAM District #10; Police Service Specialist (ALEASP)**

HMO "EMPLOYEE SHARE" COMPUTATION

The CITY will pay, monthly, 100% of the lowest single or lowest family HMO premium cost to the City. For 2010, this contribution ("City Share") will be no more than \$668.34 (Single) or \$1,825.01 (Family) toward the cost of your HMO plan. Any excess premium over these amounts ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

BASIC PLAN "EMPLOYEE SHARE" COMPUTATION

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

CHART I - 2010 Monthly Health Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$668.34	\$668.34	No Cost	\$1,825.01	\$1,825.01	No Cost
Basic Plan	\$849.57	\$774.57	\$75.00	\$1,914.68	\$1,764.68	\$150.00

CHART II - 2010 Monthly Dental Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$24.95	\$13.00	\$11.95	\$86.20	\$37.50	\$48.70
Care-Plus	\$39.15	\$13.00	\$26.15	\$115.38	\$37.50	\$77.88
DentalBlue	\$47.25	\$13.00	\$34.25	\$141.77	\$37.50	\$104.27
First Commonwealth not offered in 2010	Not Offered	N/A	N/A	Not Offered	N/A	N/A

When this material was printed, the City had not established Health/Dental terms for 2010 with all employee groups. As a result the above contribution levels may change.

2010 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:
General City Management

HMO Employee Share for "MANAGEMENT"

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

Basic Plan Employee Share for "MANAGEMENT"

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

CHART I - 2010 Monthly Health Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$ 668.34	\$ 648.34	\$ 20.00	\$ 1,825.01	\$ 1,785.01	\$ 40.00
Basic Plan	\$ 849.57	\$ 774.57	\$ 75.00	\$ 1,914.68	\$ 1,764.68	\$ 150.00

CHART II - 2010 Monthly Dental Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$ 24.95	\$ 13.00	\$ 11.95	\$ 86.20	\$ 37.50	\$ 48.70
Care-Plus	\$ 39.15	\$ 13.00	\$ 26.15	\$ 115.38	\$ 37.50	\$ 77.88
DentalBlue	\$ 47.25	\$ 13.00	\$ 34.25	\$ 141.77	\$ 37.50	\$ 104.27
First Commonwealth not offered in 2010	Not Offered	N/A	N/A	Not Offered	N/A	N/A