

## 2007 Rate Chart For Active Employees

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

### 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 2007, this contribution ("City Share") will be no more than \$452.37 (Single) or \$1,235.26 (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 - 2007 Monthly Health Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>High Performance Network</b> (Humana)	\$452.37	\$452.37	<b>No Cost</b>	\$1,235.26	\$1,235.26	<b>No Cost</b>
<b>Premier Broad Network</b> (Humana)	\$844.61	\$452.37	<b>\$392.24</b>	\$2,305.76	\$1,235.26	<b>\$1,070.50</b>
<b>Basic Plan</b>	\$636.63	\$452.37	<b>\$184.26</b>	\$1,434.77	\$1,235.26	<b>\$199.51</b>
<b>Basic Plan Tier 1</b>	\$509.31	\$452.37	<b>\$56.94</b>	\$1,360.52	\$1,235.26	<b>\$125.26</b>

### Chart II - 2007 Monthly Dental Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$26.31	\$13.00	<b>\$13.31</b>	\$90.62	\$37.50	<b>\$53.12</b>
<b>Care-Plus</b>	\$31.41	\$13.00	<b>\$18.41</b>	\$91.49	\$37.50	<b>\$53.99</b>
<b>DentalBlue</b>	\$31.69	\$13.00	<b>\$18.69</b>	\$95.07	\$37.50	<b>\$57.57</b>
<b>First Commonwealth</b>	\$32.82	\$13.00	<b>\$19.82</b>	\$99.03	\$37.50	<b>\$61.53</b>

The Uniform Benefits for the Basic Plan, Basic Plan Tier 1 and Basic Plan Tier 2 plans and the HMOs are not the same. Be sure to review the information in the blue Open Enrollment Booklet.

## 2007 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 Aides (MPA)**

### COMPUTATION METHOD OF HMO "CITY SHARE"

The CITY will pay, monthly, 100% of the lowest single or lowest family HMO premium cost to the City. For 2007, this contribution ("City Share") will be no more than \$452.37 (Single) or \$1,235.26 (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.

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

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 last paycheck of each month.

### Chart I - 2007 Monthly Health Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>High Performance Network (Humana)</b>	\$452.37	\$452.37	<b>No Cost</b>	\$1,235.26	\$1,235.26	<b>No Cost</b>
<b>Premier Broad Network (Humana)</b>	\$844.61	\$452.37	<b>\$392.24</b>	\$2,305.76	\$1,235.26	<b>\$1,070.50</b>
<b>Basic Plan</b>	\$636.63	\$561.63	<b>\$75.00</b>	\$1,434.77	\$1,284.77	<b>\$150.00</b>

### Chart II - 2007 Monthly Dental Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$26.31	\$13.00	<b>\$13.31</b>	\$90.62	\$37.50	<b>\$53.12</b>
<b>Care-Plus</b>	\$31.41	\$13.00	<b>\$18.41</b>	\$91.49	\$37.50	<b>\$53.99</b>
<b>DentalBlue</b>	\$31.69	\$13.00	<b>\$18.69</b>	\$95.07	\$37.50	<b>\$57.57</b>
<b>First Commonwealth</b>	\$32.82	\$13.00	<b>\$19.82</b>	\$99.03	\$37.50	<b>\$61.53</b>

## 2007 MONTHLY RATE CHART FOR RETIREES & SURVIVING SPOUSES

**These rates are effective January 1, 2007**

We will deduct the new rates effective with your December, 2006 pension check.

This is official notification of health plan rates for 2007. 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.

### 2007 Monthly Health Premium Rates

(Rates in parentheses are the 2006 rates and are shown only for comparison purposes)

Plan Code	If you are or your family consists of:	Basic Plan	Premier Broad Network (Humana)	High Performance Network (Humana)
1	A single w/o Medicare	<b>\$807.02</b> (\$816.81)	<b>\$612.82</b> (\$620.89)	<b>\$459.62</b> (\$465.68)
3	Family w/o Medicare & Dependent Child(ren)	<b>\$1,432.73</b> (\$1,450.10)	<b>\$1,672.93</b> (\$1,694.96)	<b>\$1,256.98</b> (\$1,271.25)
4	One with Medicare	<b>\$232.86</b> (\$337.31)	<b>\$385.59</b> (\$390.67)	<b>\$370.28</b> (\$375.15)
5	Two with Medicare	<b>\$439.75</b> (\$648.33)	<b>\$771.18</b> (\$781.34)	<b>\$740.51</b> (\$750.26)
6	One with Medicare & one w/o Medicare	<b>\$1,040.90</b> (\$1,155.15)	<b>\$875.68</b> (\$887.21)	<b>\$840.89</b> (\$851.96)
7	One with Medicare, one w/o Medicare & Dependent Child(ren)	<b>\$1,221.63</b> (\$1,338.07)	<b>\$1,233.43</b> (\$1,249.67)	<b>\$1,185.84</b> (\$1,201.46)
8	Family with Medicare & Dependent Child(ren)	<b>\$623.05</b> (\$833.86)	<b>\$1,128.93</b> (\$1,143.80)	<b>\$1,085.46</b> (\$1,099.76)
9	One w/o Medicare & Dependent Child(ren)	<b>\$1,176.10</b> (\$1,190.37)	<b>\$1,337.92</b> (\$1,355.54)	<b>\$1,284.86</b> (\$1,301.78)
10	One with Medicare & Dependent Child(ren)	<b>\$585.64</b> (\$694.36)	<b>\$1,233.43</b> (\$1,249.67)	<b>\$1,185.84</b> (\$1,201.46)

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