

## 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	<b>\$20.00</b>	\$1,825.01	\$1,785.01	<b>\$40.00</b>
Basic Plan	\$844.56	\$769.56	<b>\$75.00</b>	\$1,903.38	\$1,753.38	<b>\$150.00</b>

### 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	<b>\$11.95</b>	\$88.20	\$37.50	<b>\$48.70</b>
Care-Plus	\$39.15	\$13.00	<b>\$26.15</b>	\$115.38	\$37.50	<b>\$77.88</b>
DentalBlue	\$47.25	\$13.00	<b>\$34.25</b>	\$141.77	\$37.50	<b>\$104.27</b>
First Commonwealth not offered in 2010	Not Offered	N/A	<b>N/A</b>	Not Offered	N/A	<b>N/A</b>

## 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	<i>No Cost</i>	\$1,825.01	\$1,825.01	<i>No Cost</i>
Basic Plan	\$844.56	\$769.56	<b>\$75.00</b>	\$1,903.38	\$1,753.38	<b>\$150.00</b>

### 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	<b>\$11.95</b>	\$86.20	\$37.50	<b>\$48.70</b>
Care-Plus	\$39.15	\$13.00	<b>\$26.15</b>	\$115.38	\$37.50	<b>\$77.88</b>
DentalBlue	\$47.25	\$13.00	<b>\$34.25</b>	\$141.77	\$37.50	<b>\$104.27</b>
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:  
**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	<b>\$20.00</b>	\$1,825.01	\$1,785.01	<b>\$40.00</b>
Basic Plan	\$844.56	\$769.56	<b>\$75.00</b>	\$1,903.38	\$1,753.38	<b>\$150.00</b>

### 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	<b>\$11.95</b>	\$86.20	\$37.50	<b>\$48.70</b>
Care-Plus	\$39.15	\$13.00	<b>\$26.15</b>	\$115.38	\$37.50	<b>\$77.88</b>
DentalBlue	\$47.25	\$13.00	<b>\$34.25</b>	\$141.77	\$37.50	<b>\$104.27</b>
First Commonwealth not offered in 2010	Not Offered	N/A	<b>N/A</b>	Not Offered	N/A	<b>N/A</b>

# 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	<b>\$971.85</b> (\$911.38)	<b>\$509.29</b> (\$423.00)	N/A
3	Family w/o Medicare	<b>\$1,725.35</b> (\$1,615.00)	<b>\$1,390.31</b> (\$1,154.75)	N/A
4	One with Medicare	<b>\$280.43</b> (\$262.98)	<b>\$410.29</b> (\$340.77)	<b>\$271.48</b> (\$267.85)
5	Two with Medicare	<b>\$529.58</b> (\$496.63)	<b>\$820.55</b> (\$681.52)	<b>\$542.96</b> (\$535.70)
6	One with Medicare & one w/o Medicare	<b>\$1,253.51</b> (\$1,175.52)	<b>\$931.77</b> (\$773.90)	N/A
7	One with Medicare, one w/o Medicare & Dependent Child(ren)	<b>\$1,471.15</b> (\$1,379.61)	<b>\$1,313.99</b> (\$1,091.36)	N/A
8	Family with Medicare & Dependent Child(ren)	<b>\$750.30</b> (\$703.62)	<b>\$1,202.77</b> (\$998.97)	N/A
9	One w/o Medicare & Dependent Child(ren)	<b>\$1,416.31</b> (\$1,328.19)	<b>\$1,423.72</b> (\$1,182.49)	N/A
10	One with Medicare & Dependent Child(ren)	<b>\$705.24</b> (\$661.36)	<b>\$1,313.99</b> (\$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)