



The following out-of-pocket rates apply to **active employees only**.

**Please make sure you are looking at the proper page for your employee group.**

Note: Classified employees have two different charts – one for employees who receive 10 checks per year and one for employees who receive 12 checks per year.

Retirees should refer to their personalized rate sheets mailed to homes August 1, 20FF.

# ADMINISTRATIVE ACTIVE 4J EMPLOYEES

## 2011-2012 PLAN YEAR MONTHLY EMPLOYEE CONTRIBUTIONS

EFFECTIVE 10/1/2011 – 9/30/2012

<b>Administrative Insurance Benefits:</b> All plans include medical, Rx, vision and dental coverage	<b>.5 - .749 FTE</b>	<b>.75 - .874 FTE</b>	<b>.875 - 1.0 FTE</b>
<b>Medical Plan 5</b> <i>\$300 deductible</i>	<b>\$762.09</b>	<b>\$542.09</b>	<b>\$377.09</b>
<b>Medical Plan 6</b> <i>\$400 deductible</i>	<b>\$639.95</b>	<b>\$419.95</b>	<b>\$254.95</b>
<b>Medical Plan 7*</b> <i>\$500 deductible</i>	<b>\$465.00</b>	<b>\$245.00</b>	<b>\$80.00</b>
<b>Medical Plan 8*</b> <i>\$1000 deductible</i>	<b>\$405.00</b>	<b>\$185.00</b>	<b>\$20.00</b>

Monthly payroll deductions are shown in the table above. To determine your monthly payroll deduction, find your enrollment status (FTE) on the top and follow the column down to the different plan choices. These are composite rates, meaning the rate is the same regardless of how many dependents you cover on your plan. You can cover just yourself or your entire family for the same price.

### **ALL ADMINISTRATIVE EMPLOYEES MAY WAIVE DENTAL COVERAGE\*\***

<b>Administrative Insurance Benefits:</b> All plans include medical and vision coverage	<b>.5 - .749 FTE</b>	<b>.75 - .874 FTE</b>	<b>.875 - 1.0 FTE</b>
<b>Medical Plan 5</b> <i>\$300 deductible</i>	<b>\$639.16</b>	<b>\$419.16</b>	<b>\$254.16</b>
<b>Medical Plan 6</b> <i>\$400 deductible</i>	<b>\$517.02</b>	<b>\$297.02</b>	<b>\$132.02</b>
<b>Medical Plan 7*</b> <i>\$500 deductible</i>	<b>\$342.07</b>	<b>\$122.07</b>	<b>\$0</b>
<b>Medical Plan 8*</b> <i>\$1000 deductible</i>	<b>\$282.00</b>	<b>\$62.07</b>	<b>\$0</b>

You have the option to waive dental coverage and thereby reduce your out-of-pocket insurance cost. **You may only waive dental coverage during annual enrollment or upon initial eligibility.** Re-enrollment in dental coverage during the plan year (outside of open enrollment) is only allowed if you lose eligibility for other group dental coverage and provide proof of the loss within 31 days.

\*\* Members who do not enroll in the dental plan when originally eligible and elect to enroll during a future Open Enrollment will be subject to “waiting period” restrictions – meaning for the first 12 months, the dental coverage will only allow preventive services and no orthodontia. The 12-month waiting period does not apply for members who enroll in OEBB dental coverage due to loss of eligibility for other group coverage.

# LICENSED ACTIVE 4J EMPLOYEES

## 2011-2012 PLAN YEAR MONTHLY EMPLOYEE CONTRIBUTIONS

EFFECTIVE 10/01/2011 – 09/30/2012

<b>Licensed Insurance Benefits:</b> All plans include medical, Rx, vision and dental coverage	.5 - .75 FTE	.76 - .80 FTE	.81 - .85 FTE	.86 - .90 FTE	.91 - .95 FTE	.96 - 1.0 FTE
<b>Medical Plan 5</b> \$300 deductible	\$647.02	\$592.02	\$537.02	\$482.02	\$427.02	\$372.02
<b>Medical Plan 6</b> \$400 deductible	\$524.88	\$469.88	\$414.88	\$359.88	\$304.88	\$249.88
<b>Medical Plan 7</b> \$500 deductible	\$421.57	\$366.57	\$311.57	\$256.57	\$201.57	\$146.57
<b>Medical Plan 8</b> \$1000 deductible	\$293.23	\$238.23	\$183.23	\$128.23	\$73.23	\$18.23

Monthly payroll deductions are shown in the table above. To determine your monthly payroll deduction, find your enrollment status (FTE) on the top and follow the column down to the different plan choices. These are composite rates, meaning the rate is the same regardless of how many dependents you cover on your plan. You can cover just yourself or your entire family for the same price.

### **ALL LICENSED EMPLOYEES MAY CHOOSE TO WAIVE DENTAL COVERAGE\***

<b>Licensed Insurance Benefits:</b> All plans include medical, Rx and vision coverage	.5 - .75 FTE	.76 - .80 FTE	.81 - .85 FTE	.86 - .90 FTE	.91 - .95 FTE	.96 - 1.0 FTE
<b>Medical Plan 5</b> \$300 deductible	\$524.09	\$469.09	\$414.09	\$359.09	\$304.09	\$249.09
<b>Medical Plan 6</b> \$400 deductible	\$401.95	\$346.95	\$291.95	\$236.95	\$181.95	\$126.95
<b>Medical Plan 7</b> \$500 deductible	\$298.64	\$243.64	\$188.64	\$133.64	\$78.64	\$23.64
<b>Medical Plan 8</b> \$1000 deductible	\$170.30	\$115.30	\$60.30	\$5.30	\$0	\$0

You have the option to waive dental coverage and thereby reduce your out-of-pocket insurance cost. Keep in mind, **you may only waive dental coverage during annual enrollment or upon initial eligibility, and you will not be able to re-enroll in dental coverage for the remainder of the plan year unless you lose eligibility for other group dental coverage and provide proof of the loss within 31 days.**

\* Members who do not enroll in the dental plan when originally eligible and elect to enroll during a future Open Enrollment will be subject to “waiting period” restrictions – meaning for the first 12 months, the dental coverage will only allow preventive services and no orthodontia. The 12-month waiting period does not apply for members who enroll in OEBC dental coverage due to loss of eligibility for other group coverage.

# CLASSIFIED ACTIVE 4J EMPLOYEES – 12 CHECKS

2011 - 2012 PLAN YEAR (EFFECTIVE OCT. 1, 2011 – SEPT. 30, 2012)

# 12 CHECKS

## MONTHLY EMPLOYEE CONTRIBUTIONS

# 7 - 8 HOURS

Classified Insurance Benefits: All plans include medical, vision and dental coverage	Plan 5 \$300 deductible	Plan 6 \$400 deductible	Plan 7 \$500 deductible	Plan 8 \$1000 deductible
Employee Only	\$115	\$63	\$20	\$10
Employee + Spouse/Domestic Partner	\$251	\$138	\$42	\$21
Employee + Child(ren)	\$218	\$120	\$37	\$19
Employee + Spouse/Domestic Partner +Child(ren)	\$354	\$195	\$60	\$30

# 6 - 6.9 HOURS

Classified Insurance Benefits: All plans include medical, vision (dental included only where noted*)	Plan 5 \$300 deductible With Dental	Plan 5 \$300 deductible Dental* Waived	Plan 6 \$400 deductible With Dental	Plan 6 \$400 deductible Dental* Waived	Plan 7 \$500 deductible With Dental	Plan 7 \$500 deductible Dental* Waived	Plan 8 \$1000 deductible With Dental	Plan 8 \$1000 deductible Dental* Waived
Employee Only	\$145	\$115	\$93	\$63	\$50	\$20	\$40	\$10
Employee + Spouse/Domestic Partner	\$314	\$251	\$201	\$138	\$105	\$42	\$84	\$21
Employee + Child(ren)	\$274	\$218	\$176	\$120	\$94	\$38	\$75	\$19
Employee + Spouse/Domestic Partner +Child(ren)	\$444	\$354	\$285	\$195	\$150	\$60	\$120	\$30

# 4 - 5.9 HOURS

Classified Insurance Benefits: All plans include medical, vision (dental included only where noted*)	Plan 5 \$300 deductible With Dental	Plan 5 \$300 deductible Dental* Waived	Plan 6 \$400 deductible With Dental	Plan 6 \$400 deductible Dental* Waived	Plan 7 \$500 deductible With Dental	Plan 7 \$500 deductible Dental* Waived	Plan 8 \$1000 deductible With Dental	Plan 8 \$1000 deductible Dental* Waived
Employee Only	\$178	\$148	\$127	\$97	\$83	\$53	\$72	\$42
Employee + Spouse/Domestic Partner	\$384	\$321	\$271	\$208	\$175	\$112	\$154	\$91
Employee + Child(ren)	\$336	\$280	\$239	\$183	\$156	\$100	\$137	\$81
Employee + Spouse/Domestic Partner +Child(ren)	\$544	\$454	\$385	\$295	\$250	\$160	\$220	\$130

\*You may only waive dental coverage during annual enrollment or at initial eligibility, and you will not be able to re-enroll in dental coverage for the remainder of the plan year unless your hours increase to 7 hours or greater or if you lose other dental coverage and provide proof of the loss within 31 days.

**Be aware of OEBB waiver rules:** If you waive dental, and choose to enroll in dental coverage at a future enrollment, your first year of dental coverage may be limited to preventive-only (cleaning, x-ray).

# CLASSIFIED ACTIVE 4J EMPLOYEES—10 CHECKS

2011 - 2012 PLAN YEAR (EFFECTIVE OCT. 1, 2011 – SEPT. 30, 2012)

# 10 CHECKS

## MONTHLY EMPLOYEE CONTRIBUTIONS

# 7-8 HOURS

Classified Insurance Benefits: All plans include medical, vision and dental coverage	Plan 5 \$300 deductible	Plan 6 \$400 deductible	Plan 7 \$500 deductible	Plan 8 \$1000 deductible
Employee Only	\$138.00	\$75.60	\$24.00	\$12.00
Employee + Spouse/Domestic Partner	\$301.20	\$165.60	\$50.40	\$25.20
Employee + Child(ren)	\$261.60	\$144.00	\$44.40	\$22.80
Employee + Spouse/Domestic Partner +Child(ren)	\$424.80	\$234.00	\$72.00	\$36.00

# 6 - 6.9 HOURS

Classified Insurance Benefits: All plans include medical, vision (dental included only where noted*)	Plan 5 \$300 deductible With Dental	Plan 5 \$300 deductible Dental* Waived	Plan 6 \$400 deductible With Dental	Plan 6 \$400 deductible Dental* Waived	Plan 7 \$500 deductible With Dental	Plan 7 \$500 deductible Dental* Waived	Plan 8 \$1000 deductible With Dental	Plan 8 \$1000 deductible Dental* Waived
Employee Only	\$174.00	\$138.00	\$111.60	\$75.60	\$60.00	\$24.00	\$48.00	\$12.00
Employee + Spouse/Domestic Partner	\$376.80	\$301.20	\$241.20	\$165.60	\$126.00	\$50.40	\$100.80	\$25.20
Employee + Child(ren)	\$328.80	\$261.60	\$211.20	\$144.00	\$112.80	\$45.60	\$90.00	\$22.80
Employee + Spouse/Domestic Partner +Child(ren)	\$532.80	\$424.80	\$342.00	\$234.00	\$180.00	\$72.00	\$144.00	\$36.00

# 4 - 5.9 HOURS

Classified Insurance Benefits: All plans include medical, vision (dental included only where noted*)	Plan 5 \$300 deductible With Dental	Plan 5 \$300 deductible Dental* Waived	Plan 6 \$400 deductible With Dental	Plan 6 \$400 deductible Dental* Waived	Plan 7 \$500 deductible With Dental	Plan 7 \$500 deductible Dental* Waived	Plan 8 \$1000 deductible With Dental	Plan 8 \$1000 deductible Dental* Waived
Employee Only	\$213.60	\$177.60	\$152.40	\$116.40	\$99.60	\$63.60	\$86.40	\$50.40
Employee + Spouse/Domestic Partner	\$460.80	\$385.20	\$325.20	\$249.60	\$210.00	\$134.40	\$184.80	\$109.20
Employee + Child(ren)	\$403.20	\$336.00	\$286.80	\$219.60	\$187.20	\$120.00	\$164.40	\$97.20
Employee + Spouse/Domestic Partner +Child(ren)	\$652.80	\$544.80	\$462.00	\$354.00	\$300.00	\$192.00	\$264.00	\$156.00

\*You may only waive dental coverage during annual enrollment or at initial eligibility, and you will not be able to re-enroll in dental coverage for the remainder of the plan year unless your hours increase to 7 hours or greater or if you lose other dental coverage and provide proof of the loss within 31 days.

**Be aware of OEBB waiver rules:** If you waive dental, and choose to enroll in dental coverage at a future enrollment, your first year of dental coverage may be limited to preventive-only (cleaning, x-ray).

## 4J LICENSED SUBSTITUTES

### 2011 - 2012 PLAN YEAR MONTHLY EMPLOYEE CONTRIBUTIONS

EFFECTIVE 10/1/2011

#### WITH DISTRICT CONTRIBUTION

<b>Licensed Substitute Insurance Benefits:</b> All plans include medical & Rx (dental included where noted)	<b>Plan 8</b> <i>\$1000 deductible</i> With Dental	<b>Plan 8</b> <i>\$1000 deductible</i> Dental Waived*
Employee Only	\$86.17	\$37.58
Employee + Spouse/Domestic Partner	\$608.39	\$512.17
Employee + Child(ren)	\$492.15	\$394.47
Employee + Spouse/Domestic Partner +Child(ren)	\$1,014.42	\$865.24

*You have the option to waive dental coverage and thereby reduce your out-of-pocket insurance cost. Keep in mind, **you may only waive dental coverage during annual enrollment** (or upon initial eligibility) and **you will not be able to re-enroll in dental coverage for the remainder of the plan year** (the only exception to this is if you lose eligibility for other group dental coverage and provide proof of the loss within 31 days).*

**\* Members who do not enroll in the dental plan when originally eligible and elect to enroll during a future Open Enrollment will be subject to “waiting period” restrictions – meaning for the first 12 months, the dental coverage will only allow preventive services and no orthodontia. The 12-month waiting period does not apply for members who enroll in OEGB dental coverage due to loss of eligibility for other group coverage.**

## 4J LICENSED SUBSTITUTES

### 2010 - 2011 PLAN YEAR MONTHLY EMPLOYEE CONTRIBUTIONS

EFFECTIVE 10/1/2011

#### WITHOUT DISTRICT CONTRIBUTION (“SELF-PAY”)

Licensed Substitute Insurance Benefits: All plans include medical (dental included where noted)	Plan 8 \$1000 deductible With Dental	Plan 8 \$1000 deductible Dental Waived
Employee Only	\$446.17	\$397.58
Employee + Spouse/Domestic Partner	\$968.39	\$872.17
Employee + Child(ren)	\$852.15	\$754.47
Employee + Spouse/Domestic Partner +Child(ren)	\$1,374.42	\$1,225.24

*You have the option to waive dental coverage and thereby reduce your out-of-pocket insurance cost. Keep in mind, **you may only waive dental coverage during annual enrollment** (or upon initial eligibility) and **you will not be able to re-enroll in dental coverage for the remainder of the plan year** (the only exception to this is if you lose eligibility for other group dental coverage and provide proof of the loss within 31 days).*

**\* Members who do not enroll in the dental plan when originally eligible and elect to enroll during a future Open Enrollment will be subject to “waiting period” restrictions – meaning for the first 12 months, the dental coverage will only allow preventive services and no orthodontia. The 12-month waiting period does not apply for members who enroll in OEBC dental coverage due to loss of eligibility for other group coverage.**