

Health and Dental Insurance Rates (*)

Effective July 1, 2011

New Tier Plans

Network Blue New England - \$15/\$25/\$35PCP/\$35SP, \$10/\$25/\$45 Ret Rx: \$20/\$50/\$135 MO Rx, \$100 ER, \$150/\$150/\$500 OP*, \$150/\$150/\$500 IP*

City of Worcester Advantage - \$20PCP/\$30SP, \$10/25/45 Ret Rx; \$20/\$50/\$135 MO Rx, \$100 ER, \$150/\$300 OP*, \$250/\$500 IP*

City of Worcester Direct - \$15PCP/\$25SP, \$10/25/45 Ret Rx; \$20/\$50/\$135 MO Rx, \$100 ER, \$100 OP*, \$200 IP*

| | Monthly Premium | City Share % | Monthly City Share | Monthly Employee Share | Weekly Deduction | Bi-Weekly Deduction | Semi-Monthly Deduction | COBRA RATES |
|--|--------------------|-----------------|-----------------------|---------------------------|---|------------------------|---------------------------|----------------|
| BCBS Network Blue New England | | | | | | | | |
| Individual | \$638.94 | 75% | \$479.21 | \$159.74 | \$36.86 | \$73.72 | \$79.87 | \$651.72 |
| Family | \$1,652.49 | 75% | \$1,239.37 | \$413.12 | \$95.34 | \$190.67 | \$206.56 | \$1,685.54 |
| City of Worcester - DIRECT - HMO | | | | | | | | |
| Individual | \$439.78 | 75% | \$329.84 | \$109.95 | \$25.37 | \$50.74 | \$54.97 | \$448.58 |
| Family | \$1,117.41 | 75% | \$838.06 | \$279.35 | \$64.47 | \$128.93 | \$139.68 | \$1,139.76 |
| City of Worcester Advantage - HMO | | | | | | | | |
| Individual | \$544.17 | 75% | \$408.13 | \$136.04 | \$31.39 | \$62.79 | \$68.02 | \$555.05 |
| Family | \$1,339.12 | 75% | \$1,004.34 | \$334.78 | \$77.26 | \$154.51 | \$167.39 | \$1,365.90 |
| Altus Dental Option 1 - High | | | | | | | | |
| Employee/Retiree | \$37.26 | 0% | 0 | \$37.26 | \$8.60 | \$17.20 | \$18.63 | \$38.01 |
| Two Person | \$74.52 | 0% | 0 | \$74.52 | \$17.20 | \$34.39 | \$37.26 | \$76.01 |
| Family | \$111.70 | 0% | 0 | \$111.70 | \$25.78 | \$51.55 | \$55.85 | \$113.93 |
| Altus Dental Option 2 - Low | | | | | | | | |
| Employee/Retiree | \$32.63 | 0% | 0 | \$32.63 | \$7.53 | \$15.06 | \$16.32 | \$33.28 |
| Two Person | \$65.25 | 0% | 0 | \$65.25 | \$15.06 | \$30.12 | \$32.63 | \$66.56 |
| Family | \$94.36 | 0% | 0 | \$94.36 | \$21.78 | \$43.55 | \$47.18 | \$96.25 |
| * ONLY Retirees can have a 2-Person Dental Plan | | | | | | | | |
| UnitedHealthcare Vision | | | | | | | | |
| Employee/Retiree | \$4.25 | 0% | 0 | \$4.25 | ** ONLY Non-Reps, Settled and Retirees | | | \$4.34 |
| Employ/Ret & Dependent | \$8.50 | 0% | 0 | \$8.50 | are eligible to enroll in VISION | | | \$8.67 |
| Family | \$12.75 | 0% | 0 | \$12.75 | | | | \$13.01 |

(*Listed premiums, plan designs, and contribution rates are subject to changes due to Collective Bargaining or by the authority of the City Manager when applicable.)