

Effective Calendar Year 2010

Bi-Weekly EMPLOYEE CONTRIBUTIONS HIRED ON OR AFTER 1-1-97 and PRIOR TO 5-31-03 (Does not apply to Sheriff Deputies)

Health Plan Options:

	<u>SINGLE</u>	<u>2 PERSON</u>	<u>FAMILY</u>	
PPO Blue Preferred Plan	\$32	\$65	\$75	COST
CMM Comprehensive Major Medical	\$8	\$20	\$32	COST
HAP Health Alliance Plan	\$52	\$89	\$94	COST

* For those employees in BU 15 - your contributions are:

PPO Blue Preferred Plan	\$20	\$42	\$50	COST
CMM Comprehensive Major Medical	\$4	\$10	\$16	COST
HAP Health Alliance Plan	\$33	\$57	\$63	COST
TRAD BCBS+ Traditional Blue Cross	\$33	\$57	\$63	COST

+ only open to those currently in the plan

NO COVERAGE	\$7.69	\$15.38	\$23.08	EARNINGS
NO COVG SPOUSE IS COUNTY EMPLOYEE	\$3.85	\$3.85	\$3.85	EARNINGS

For all health plans the prescription drug co-payments are:

Navitus Health Solutions Prescription Coverage:

\$5.00 co-pay including many generics and a few brand name drugs.

\$10 co-pay for most brand name drugs including preferred and some generics.

\$25 co-pay for non-preferred brand medications.

Don't forget the mail order and retail option where you may obtain a three-month supply of many long-term drugs with one co-payment. Contact Employee Benefits for more information.

Dental Plan Options:

	<u>SINGLE</u>	<u>2 PERSON</u>	<u>FAMILY</u>	
High Option	\$1.15	\$1.73	\$5.00	COST
Standard Option	\$0.00	\$0.00	\$0.00	(No Cost)
Modified Option	\$1.15	\$1.73	\$3.27	EARNINGS
NO COVERAGE	\$1.92	\$3.85	\$5.77	EARNINGS
NO COVG SPOUSE IS EMPLOYEE	\$1.27	\$1.27	\$1.27	EARNINGS

Vision Plan Options:

	<u>SINGLE</u>	<u>2 PERSON</u>	<u>FAMILY</u>	
High Option	\$1.35	\$2.88	\$3.85	COST
Standard Option	\$0.00	\$0.00	\$0.00	(No Cost)
No Opt-Out Available				