

Health Insurance Monthly Rates
July 1, 2008 - June 30, 2009

<u>OPTIMA VANTAGE 10/20 HMO</u>	<u>TOTAL COST*</u>	<u>ODURF Pays*</u>	<u>EMPLOYEE Pays</u>
SINGLE	375.54	338.00	37.54
SINGLE+CHILDREN	544.50	435.60	108.90
SINGLE+SPOUSE	772.69	618.15	154.54
FAMILY	1093.45	874.77	218.68

OPTIMA PLUS 10/90% PPO (IN AREA or OUT of AREA)

SINGLE	501.62	338.00	163.62
SINGLE+CHILDREN	729.78	435.60	294.18
SINGLE + SPOUSE	1032.76	618.16	414.60
FAMILY	1464.54	874.78	589.76

TRICARE Supplemental

(New enrollment is closed. Plan open to current Tricare insurance participants ONLY)

SINGLE	60.00	0	60.00
SINGLE+SPOUSE	119.00	0	119.00
FAMILY	160.00	0	160.00

* In addition ODURF pays .74 per month for enhanced Employee Assistance Benefits

VSP – Vision Program (Must be enrolled in RF Medical to participate)

SINGLE	6.17	6.17	0
SINGLE + 1*	10.39	10.39	0
SINGLE +CHILDREN	10.60	10.60	0
FAMILY	17.10	17.10	0

*Single + One refers to an employee + one minor or employee + spouse

MET LIFE DENTAL PPO

SINGLE	37.13	35.27	1.86
SINGLE + ONE*	65.33	53.75	11.58
FAMILY	117.75	83.85	33.90

*Single + One refers to an employee + one minor or employee + spouse