

Health Insurance Monthly Rates
July 1, 2009 - June 30, 2010

<u>OPTIMA VANTAGE 10/20 HMO</u>	<u>TOTAL COST*</u>	<u>ODURF Pays*</u>	<u>EMPLOYEE Pays</u>
SINGLE	412.26	374.72	37.54
SINGLE+CHILDREN	597.74	488.84	108.90
SINGLE+SPOUSE	848.24	693.70	154.54
FAMILY	1200.37	981.69	218.68

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

SINGLE	550.67	374.73	175.94
SINGLE+CHILDREN	801.14	488.84	312.30
SINGLE + SPOUSE	1133.74	693.70	440.04
FAMILY	1607.74	981.70	626.04

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 .67 per month for enhanced Employee Assistance Benefits

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

SINGLE	6.45	6.45	0
SINGLE + 1*	10.85	10.85	0
SINGLE +CHILDREN	11.08	11.08	0
FAMILY	17.87	17.87	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