

MEDICAL & DENTAL PREMIUMS - Effective January 1 - December 31, 2012

C.A.R.E.S. Medical Plan

Medical Claims Administrator & Provider Network: **BlueCross BlueShield of Texas**

Pharmacy Claims Administrator & Provider Network: **Express Scripts**

	Annual Salary: \$40K or Less						Annual Salary: More than \$40K				
	Monthly Premium	Monthly Premium w/Buy-Up Rx	Per Check Premium	Per Check w/Buy-Up Rx	UD Paid Monthly Premium		Monthly Premium	Monthly Premium w/Buy-Up Rx	Per Check Premium	Per Check w/Buy-Up Rx	UD Paid Monthly Premium
PPO90						PPO90					
Employee Only	\$ 94.54	\$ 109.84	\$ 47.27	\$ 54.92	\$ 408.40	Employee Only	\$ 97.65	\$ 112.95	\$ 48.83	\$ 56.48	\$ 405.29
Employee & Spouse	\$ 333.73	\$ 374.91	\$ 166.87	\$ 187.46	\$ 1,134.35	Spouse	\$ 344.72	\$ 385.90	\$ 172.36	\$ 192.95	\$ 1,123.36
Employee & Child/ren	\$ 254.01	\$ 282.25	\$ 127.01	\$ 141.13	\$ 800.92	Child/ren	\$ 262.37	\$ 290.61	\$ 131.19	\$ 145.31	\$ 792.56
Employee & Family	\$ 408.90	\$ 458.31	\$ 204.45	\$ 229.16	\$ 1,378.78	Family	\$ 422.37	\$ 471.78	\$ 211.19	\$ 235.89	\$ 1,365.31
PPO70						PPO70					
Employee Only	\$ 21.64	\$ 36.94	\$ 10.82	\$ 18.47	\$ 397.48	Employee Only	\$ 22.35	\$ 37.65	\$ 11.18	\$ 18.83	\$ 396.77
Employee & Spouse	\$ 121.87	\$ 163.05	\$ 60.94	\$ 81.53	\$ 1,101.53	Spouse	\$ 125.88	\$ 167.06	\$ 62.94	\$ 83.53	\$ 1,097.52
Employee & Child/ren	\$ 109.35	\$ 137.59	\$ 54.68	\$ 68.80	\$ 769.76	Child/ren	\$ 112.95	\$ 141.19	\$ 56.48	\$ 70.60	\$ 766.16
Employee & Family	\$ 149.22	\$ 198.63	\$ 74.61	\$ 99.32	\$ 1,340.52	Family	\$ 154.13	\$ 203.54	\$ 77.07	\$ 101.77	\$ 1,335.61
HDHP						HDHP					
Employee Only	\$ 7.71		\$ 3.86		\$ 377.76	Employee Only	\$ 7.71		\$ 3.86		\$ 377.76
Employee & Spouse	\$ 44.70		\$ 22.35		\$ 1,080.48	Spouse	\$ 44.70		\$ 22.35		\$ 1,080.48
Employee & Child/ren	\$ 28.86		\$ 14.43		\$ 779.67	Child/ren	\$ 28.86		\$ 14.43		\$ 779.67
Employee & Family	\$ 56.94		\$ 28.47		\$ 1,313.19	Family	\$ 56.94		\$ 28.47		\$ 1,313.19

Dental Plan - CIGNA Dental

	CIGNA Dental PPO	Monthly Premium	Per Check Premium	CIGNA Dental Care - DHMO	Monthly Premium	Per Check Premium
	Employee Only	\$ 33.78	\$ 16.89	Employee Only	\$ 14.62	\$ 7.31
	Employee & Spouse	\$ 71.95	\$ 35.98	Employee & Spouse	\$ 31.14	\$ 15.57
	Employee & Child/ren	\$ 78.19	\$ 39.10	Employee & Child/ren	\$ 33.85	\$ 16.93
	Employee & Family	\$ 129.59	\$ 64.80	Employee & Family	\$ 56.09	\$ 28.05