

7030A0COMPARISON OF MONTHLY MEDICAL PREMIUMS (PART-TIME 7030A0EMPLOYEES) - Effective January 1, 2012

PLAN TYPE	COVERAGE LEVEL	CURRENT COST			NEW COST			CHANGE IN COST		
		TIER 1 - Under \$40,000 52.5% Individual Cost Share 57.5% Dependent Cost Share	TIER 1 Under \$41,200 Same Cost Share	CHANGE IN COST	TIER 2 - \$40,000 - 79,999 55% Individual Cost Share 60% Dependent Cost Share	TIER 2 \$41,201 - 82,399 52.5%/57.5%	CHANGE IN COST	TIER 3 - \$80,000 & Over 57.5% Individual Cost Share 65% Dependent Cost Share	TIER 3 \$82,400 & Over 52.5%/57.5%	CHANGE IN COST
Keystone HMO (HMO 10)	Single	\$268.09	\$283.50	\$15.41	\$281.94	\$283.50	\$1.56	\$295.79	\$283.50	-\$12.29
	Employee/Child	\$496.07	\$524.56	\$28.49	\$520.60	\$524.56	\$3.96	\$555.79	\$524.56	-\$31.23
	Employee/Children	\$496.07	\$524.56	\$28.49	\$520.60	\$524.56	\$3.96	\$555.79	\$524.56	-\$31.23
	Employee/Spouse	\$651.74	\$689.14	\$37.40	\$683.55	\$689.14	\$5.59	\$733.32	\$689.14	-\$44.18
	Employee/Family	\$846.25	\$894.81	\$48.56	\$887.17	\$894.81	\$7.64	\$955.16	\$894.81	-\$60.35
Base Plan Keystone POS (POS 10B)	Single	\$290.82	\$307.20	\$16.38	\$304.67	\$307.20	\$2.53	\$318.52	\$307.20	-\$11.32
	Employee/Child	\$536.34	\$566.54	\$30.20	\$560.87	\$566.54	\$5.67	\$596.06	\$566.54	-\$29.52
	Employee/Children	\$536.34	\$566.54	\$30.20	\$560.87	\$566.54	\$5.67	\$596.06	\$566.54	-\$29.52
	Employee/Spouse	\$703.96	\$749.59	\$45.63	\$735.77	\$749.59	\$13.82	\$785.54	\$749.59	-\$35.95
	Employee/Family	\$913.41	\$964.83	\$51.42	\$954.33	\$964.83	\$10.50	\$1,022.32	\$964.83	-\$57.49
Personal Choice PPO (20/30/70)	Single	\$431.07	\$416.26	-\$14.81	\$444.92	\$416.26	-\$28.66	\$458.77	\$416.26	-\$42.51
	Employee/Child	\$913.51	\$962.87	\$49.36	\$938.04	\$962.87	\$24.83	\$973.23	\$962.87	-\$10.36
	Employee/Children	\$1,043.52	\$962.87	-\$80.65	\$1,068.05	\$962.87	-\$105.18	\$1,103.24	\$962.87	-\$140.37
	Employee/Spouse	\$1,183.98	\$1,151.96	-\$32.02	\$1,215.79	\$1,151.96	-\$63.83	\$1,265.56	\$1,151.96	-\$113.60
	Employee/Family	\$1,159.35	\$1,118.63	-\$40.72	\$1,200.27	\$1,118.63	-\$81.64	\$1,268.26	\$1,118.63	-\$149.63
Personal Choice High Deductible Health Plan (HDHP) (PC HD1-HC1)	Single	\$212.56	\$197.75	-\$14.81	\$226.41	\$197.75	-\$28.66	\$240.26	\$197.75	-\$42.51
	Employee/Child	\$491.56	\$523.01	\$31.45	\$516.09	\$523.01	\$6.92	\$551.28	\$523.01	-\$28.27
	Employee/Children	\$604.50	\$523.01	-\$81.49	\$629.03	\$523.01	-\$106.02	\$664.22	\$523.01	-\$141.21
	Employee/Spouse	\$598.23	\$566.21	-\$32.02	\$630.04	\$566.21	-\$63.83	\$679.81	\$566.21	-\$113.60
	Employee/Family	\$556.38	\$515.66	-\$40.72	\$597.30	\$515.66	-\$81.64	\$665.29	\$515.66	-\$149.63

Current Plan/Coverage e.g., POS Plan - Family	Possible Change in Plan for Nov. 2010 e.g., HMO Plan - Family	My Current Cost Share 913.41 [Tier 1, e.g.]	My Jan 2012 Cost Share 894.81	Monthly Difference (18.60)
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		Extra Cash in Annual Pay If on HDHP Compared to Other Plan Choices						
		Keystone HMO 10	Keystone POS 10B	PC PPO 20/30/70	PC High Deductible Health Plan (HDHP)	Keystone HMO	Keystone POS	Personal Choice PPO
TIER 1 Under \$40,400	Single	\$283.50	\$307.20	\$416.26	\$197.75	\$1,029.00	\$1,313.40	\$2,622.12
	Employee/Child	\$524.56	\$566.54	\$962.87	\$523.01	\$18.60	\$522.36	\$5,278.32
	Employee/Children	\$524.56	\$566.54	\$962.87	\$523.01	\$18.60	\$522.36	\$5,278.32
	Employee/Spouse	\$689.14	\$749.59	\$1,151.96	\$566.21	\$1,475.16	\$2,200.56	\$7,029.00
	Employee/Family	\$894.81	\$964.83	\$1,118.63	\$515.66	\$4,549.80	\$5,390.04	\$7,235.64
TIER 2 \$40,400 - 80,799	Single	\$283.50	\$307.20	\$416.26	\$197.75	\$1,029.00	\$1,313.40	\$2,622.12
	Employee/Child	\$524.56	\$566.54	\$962.87	\$523.01	\$18.60	\$522.36	\$5,278.32
	Employee/Children	\$524.56	\$566.54	\$962.87	\$523.01	\$18.60	\$522.36	\$5,278.32
	Employee/Spouse	\$689.14	\$749.59	\$1,151.96	\$566.21	\$1,475.16	\$2,200.56	\$7,029.00
	Employee/Family	\$894.81	\$964.83	\$1,118.63	\$515.66	\$4,549.80	\$5,390.04	\$7,235.64
TIER 3 \$80,800 & Over	Single	\$283.50	\$307.20	\$416.26	\$197.75	\$1,029.00	\$1,313.40	\$2,622.12
	Employee/Child	\$524.56	\$566.54	\$962.87	\$523.01	\$18.60	\$522.36	\$5,278.32
	Employee/Children	\$524.56	\$566.54	\$962.87	\$523.01	\$18.60	\$522.36	\$5,278.32
	Employee/Spouse	\$689.14	\$749.59	\$1,151.96	\$566.21	\$1,475.16	\$2,200.56	\$7,029.00
	Employee/Family	\$894.81	\$964.83	\$1,118.63	\$515.66	\$4,549.80	\$5,390.04	\$7,235.64

COMPARISON OF MONTHLY MEDICAL PREMIUMS & SAVINGS WITH HDHP (PART-TIME EMPLOYEES)