



MEDICAL INSURANCE COST TABLE

GROUP # 19676

Plan & Coverage Level	Monthly Premium	Plus Employee Cost Share Amount	Total	County Contribution Premium	County Contribution (FY12 Employee Cost Share)	Employee Cost Per Month	Employee Cost Per Paycheck
☐ Buy-Up Plan - \$500 Deductible							
Employee ☐	\$ 494.58	\$ 20.00	\$ 514.58	\$ 452.78	\$ 20.00	\$ 41.80	\$ 20.90
Dependent ☐	\$ 795.70	\$ -	\$ 795.70	\$ 402.07	\$ -	\$ 393.63	\$ 196.82
Family Total	\$ 1,290.28	\$ 20.00	\$ 1,310.28	\$ 854.85	\$ 20.00	\$ 435.43	\$ 217.72
☐ Base Plan - \$750 Deductible							
Employee ☐	\$ 452.78	\$ 20.00	\$ 472.78	\$ 452.78	\$ 20.00	\$ -	\$ -
Dependent ☐	\$ 731.04	\$ -	\$ 731.04	\$ 402.07	\$ -	\$ 328.97	\$ 164.49
Family Total	\$ 1,183.82	\$ 20.00	\$ 1,203.82	\$ 854.85	\$ 20.00	\$ 328.97	\$ 164.49
☐ HDHP Plan - \$1,250 Deductible **							
Employee ☐	\$ 425.10	\$ -	\$ 425.10	\$ 452.78	\$ 20.00**	\$ -	\$ -
Dependent ☐	\$ 657.30	\$ -	\$ 657.30	\$ 402.07	\$ -	\$ 255.23	\$ 127.62
Family Total	\$ 1,082.40	\$ -	\$ 1,082.40	\$ 854.85	\$ 20.00**	\$ 255.23	\$ 127.62

Total Cost Per Paycheck-Medical
\$

** Includes \$2.95 administrative fee for Health Savings Account.

** The employer will deposit \$47.68 per month to the employee's HSA or FSA account. This includes the employer funding to the Base plan level plus the \$20 waived Cost Share.

Total Cost to Coconino County for Provided Benefits: (Single Base - Medical, Dental & Vision) = \$5,815.56 year x 1,042 Benefit Eligible Employees = \$6,059,813.52

Total Cost to Coconino County for Contribution of \$20 to Cover Employee Cost Share for FY12: \$240 year x 1,042 Benefit Eligible Employees = \$250,080

DENTAL INSURANCE COST TABLE

GROUP # 1331

Plan & Coverage Level	Monthly Premium	County Cost	Employee Cost Per Month	Employee Cost Per Paycheck
☐ Buy-Up Plan - \$2,000 Annual Maximum Benefit				
Employee ☐	\$ 48.58	\$ 31.08	\$ 17.50	\$ 8.75
Dependent ☐	\$ 62.66	\$ -	\$ 62.66	\$ 31.33
Family Total	\$ 111.24	\$ 31.08	\$ 80.16	\$ 40.08
☐ Base Plan - \$1,000 Annual Maximum Benefit				
Employee ☐	\$ 31.08	\$ 31.08	\$ -	\$ -
Dependent ☐	\$ 40.12	\$ -	\$ 40.12	\$ 20.06
Family Total	\$ 71.20	\$ 31.08	\$ 40.12	\$ 20.06

Total Cost Per Paycheck-Dental
\$

VISION INSURANCE COST TABLE

GROUP # 12239817

Plan & Coverage Level	Monthly Premium	County Cost	Employee Cost Per Month	Employee Cost Per Paycheck
☐ Buy-Up				
Employee Only	\$ 6.97	\$ 0.77	\$ 6.20	\$ 3.10
☐ Buy-Up Employee & Dependent				
Employee	\$ 14.97	\$ 0.77	\$ 14.20	\$ 7.10
☐ Base				
Employee Only	\$ 0.77	\$ 0.77	\$ -	\$ -

Total Cost Per Paycheck-Vision
\$

Total Benefit Deductions Per Paycheck
\$



07/01/11 - 06/30/12

**Supplemental Life Rate Table
Employee**

Age	Monthly Rate per \$10,000	Pay Period (24) Rate per \$10,000
Under 30	\$ 0.60	\$ 0.30
30 - 34	\$ 0.90	\$ 0.45
35 - 39	\$ 0.90	\$ 0.45
40 - 44	\$ 1.00	\$ 0.50
45 - 49	\$ 1.50	\$ 0.75
50 - 54	\$ 2.30	\$ 1.15
55 - 59	\$ 4.30	\$ 2.15
60 - 64	\$ 6.60	\$ 3.30
65 - 69	\$ 12.70	\$ 6.35
70 & Over	\$ 20.50	\$ 10.25

**Supplemental Life Rate Table
Spouse**

Age	Monthly Rate per \$10,000	Pay Period (24) Rate per \$10,000
Under 30	\$ 0.70	\$ 0.35
30 - 34	\$ 1.00	\$ 0.50
35 - 39	\$ 1.20	\$ 0.60
40 - 44	\$ 1.20	\$ 0.60
45 - 49	\$ 1.90	\$ 0.95
50 - 54	\$ 2.80	\$ 1.40
55 - 59	\$ 5.30	\$ 2.65
60 - 64	\$ 8.10	\$ 4.05
65 - 69	\$ 15.60	\$ 7.80
70 & Over	\$ -	\$ -

**Supplemental Life Rate Table
Child**

Age	Monthly Rate \$10,000	Pay Period (24) Rate \$10,000
14 days - 18 yrs 11 mos	\$ 0.70	\$ 0.35
19 years - 22 yrs 11 mos	\$ 0.70	\$ 0.35