

City of Conway

2005 Medical/Dental/Vision Rates

2005 Medical Insurance Plan 13	Employee Cost/Mo	Employee Cost/Pay Period	City Cost/Mo	Total Premium	2005 Medical Insurance Plan 63	Employee Cost/Mo	Employee Cost/Pay Period	City Cost/Mo	Total Premium
Employee Only	\$15.23	\$7.62	\$216.26	\$231.48	Employee Only	\$34.81	\$17.41	\$216.26	\$251.07
Employee + Spouse	\$98.11	\$49.06	\$346.32	\$444.43	Employee + Spouse	\$135.72	\$67.86	\$346.32	\$482.03
Employee + Children	\$75.37	\$37.69	\$316.15	\$391.53	Employee + Children	\$108.50	\$54.25	\$316.15	\$424.66
Employee + Family	\$170.93	\$85.47	\$442.81	\$613.74	Employee + Family	\$222.85	\$111.43	\$442.81	\$665.67
Dental Rates 2005 Plan	Employee Cost/Mo	Employee Cost/Pay Period	City Cost/Mo	Total Premium	Vision Rates 2005 Plan	Employee Cost/Mo	Employee Cost/Pay Period	City Cost/Mo	Total Premium
Employee Only	\$3.46	\$1.73	\$13.05	\$16.50	Employee Only	\$11.26	\$5.63	\$0.00	\$11.26
Employee + Spouse	\$7.97	\$3.99	\$26.24	\$34.20	Employee + Spouse	\$18.00	\$9.00	\$0.00	\$18.00
Employee + Children	\$10.47	\$5.24	\$30.13	\$40.60	Employee + Children	\$18.39	\$9.20	\$0.00	\$18.39
Employee + Family	\$14.18	\$7.09	\$35.33	\$49.50	Employee + Family	\$29.63	\$14.82	\$0.00	\$29.63

2006 Medical Insurance Low Option 1000 Ded. (Former Plan 13)	Employee Cost/Mo.	Employee Cost/Pay Period	City Cost/Mo.	City Cost/Pay Period	Total Premium	2006 Medical Insurance High Option 500 Ded. (Former Plan 65)	Employee Cost/Mo.	Employee Cost/Pay Period	City Cost/Mo.	City Cost/Pay Period	Total Premium
Employee Only	\$15.23	\$7.62	\$218.20	\$109.10	\$233.43	Employee Only	\$34.81	\$17.41	\$218.20	\$109.10	\$253.01
Employee + Spouse	\$98.11	\$49.06	\$347.00	\$173.50	\$445.11	Employee + Spouse	\$135.72	\$67.86	\$347.00	\$173.50	\$482.72
Employee + Children	\$75.00	\$37.50	\$317.00	\$158.50	\$392.00	Employee + Children	\$108.50	\$54.25	\$317.00	\$158.50	\$425.50
Employee + Family	\$170.93	\$85.47	\$443.00	\$221.50	\$613.93	Employee + Family	\$222.85	\$111.43	\$443.00	\$221.50	\$665.85
2006 Dental Rates Option IV - E \$1000/yr max (Current Plan)	Employee Cost/Mo.	Employee Cost/Pay Period	City Cost/Mo.	City Cost/Pay Period	Total Premium	2006 Dental Rates Option IV - C \$1500/yr max (New Option)	Employee Cost/Mo.	Employee Cost/Pay Period	City Cost/Mo.	City Cost/Pay Period	Total Premium
Employee Only	\$3.70	\$1.85	\$14.00	\$7.00	\$17.70	Employee Only	\$5.60	\$2.80	\$14.00	\$7.00	\$19.60
Employee + Spouse	\$8.52	\$4.26	\$28.08	\$14.04	\$36.60	Employee + Spouse	\$12.62	\$6.31	\$28.08	\$14.04	\$40.70
Employee + Children	\$11.19	\$5.60	\$32.21	\$16.11	\$43.40	Employee + Children	\$16.09	\$8.05	\$32.21	\$16.11	\$48.30
Employee + Family	\$15.18	\$7.59	\$37.83	\$18.92	\$53.01	Employee + Family	\$21.07	\$10.54	\$37.83	\$18.92	\$58.90

2007 Medical Insurance Low Option 1000 Ded	Employee Cost/Mo	Employee Cost/Pay Period	City Cost/Mo	City Cost/Pay Period	Total Premium
Employee Only	\$16.38	\$8.19	\$235.72	\$117.86	\$252.10
Employee + Spouse	\$105.70	\$52.85	\$375.00	\$187.50	\$480.70
Employee + Children	\$81.00	\$40.50	\$342.40	\$171.20	\$423.40
Employee + Family	\$184.60	\$92.30	\$478.40	\$239.20	\$663.00
2007 Dental Rates Option IV - B \$1000/yr max (Basic Plan)	Employee Cost/Mo	Employee Cost/Pay Period	City Cost/Mo	City Cost/Pay Period	Total Premium
Employee Only	\$4.08	\$2.04	\$15.42	\$7.71	\$19.50
Employee + Spouse	\$9.40	\$4.70	\$30.90	\$15.45	\$40.30
Employee + Children	\$12.30	\$6.15	\$35.40	\$17.70	\$47.70
Employee + Family	\$16.70	\$8.35	\$41.60	\$20.80	\$58.30

2007 Medical Insurance High Option 500 Ded	Employee Cost/Mo	Employee Cost/Pay Period	City Cost/Mo	City Cost/Pay Period	Total Premium
Employee Only	\$37.58	\$18.79	\$235.72	\$117.86	\$273.30
Employee + Spouse	\$146.30	\$73.15	\$375.00	\$187.50	\$521.30
Employee + Children	\$117.10	\$58.55	\$342.40	\$171.20	\$459.50
Employee + Family	\$240.70	\$120.35	\$478.40	\$239.20	\$719.10
2007 Dental Rates Option IV - C \$1500/yr max (High Option)	Employee Cost/Mo	Employee Cost/Pay Period	City Cost/Mo	City Cost/Pay Period	Total Premium
Employee Only	\$6.18	\$3.09	\$15.42	\$7.71	\$21.60
Employee + Spouse	\$13.90	\$6.95	\$30.90	\$15.45	\$44.80
Employee + Children	\$17.70	\$8.85	\$35.40	\$17.70	\$53.10
Employee + Family	\$23.20	\$11.60	\$41.60	\$20.80	\$64.80

2008 Medical Insurance Low Option (1000 Ded)	Employee	Employee	City	City	Total
	Cost/Mo.	Cost/Pay Period	Cost/Mo.	Cost/Pay Period	Total Premium
Employee Only	\$16.38	\$8.19	\$235.72	\$117.86	\$252.10
Employee + Spouse	\$105.70	\$52.85	\$375.00	\$187.50	\$480.70
Employee + Children	\$81.00	\$40.50	\$342.40	\$171.20	\$423.40
Employee + Family	\$184.60	\$92.30	\$478.40	\$239.20	\$663.00
2008 Medical Insurance High Option (500 Ded)	Employee	Employee	City	City	Total
	Cost/Mo.	Cost/Pay Period	Cost/Mo.	Cost/Pay Period	Total Premium
Employee Only	\$37.58	\$18.79	\$235.72	\$117.86	\$273.30
Employee + Spouse	\$146.30	\$73.15	\$375.00	\$187.50	\$521.30
Employee + Children	\$117.10	\$58.55	\$342.40	\$171.20	\$459.50
Employee + Family	\$240.70	\$120.35	\$478.40	\$239.20	\$719.10

2008 Dental Rate Option IV - E \$1000/yr max (Low Option)	Employee	Employee	City	City	Total
	Cost/Mo.	Cost/Pay Period	Cost/Mo.	Cost/Pay Period	Total Premium
Employee Only	\$4.28	\$2.14	\$16.22	\$8.11	\$20.50
Employee + Spouse	\$9.86	\$4.93	\$32.44	\$16.22	\$42.30
Employee + Children	\$12.92	\$6.46	\$37.18	\$18.59	\$50.10
Employee + Family	\$17.50	\$8.75	\$43.70	\$21.85	\$61.20
2008 Dental Rate Option IV - E \$500/yr max (High Option)	Employee	Employee	City	City	Total
	Cost/Mo.	Cost/Pay Period	Cost/Mo.	Cost/Pay Period	Total Premium
Employee Only	\$6.48	\$3.24	\$16.22	\$8.11	\$22.70
Employee + Spouse	\$14.56	\$7.28	\$32.44	\$16.22	\$47.00
Employee + Children	\$18.62	\$9.31	\$37.18	\$18.59	\$55.80
Employee + Family	\$24.30	\$12.15	\$43.70	\$21.85	\$68.00

2009 Medical Insurance	Employee	Employee	City	City	
Plan Option: 1000 Ded	Employee Cost/Mo	Cost/Pay Period	City Cost/Mo	Cost/Pay Period	2009 Total Premium
Employee Only	\$16.88	\$8.44	\$242.82	\$121.41	\$259.70
Employee + Spouse	\$108.84	\$54.42	\$386.26	\$193.13	\$495.10
Employee + Children	\$83.42	\$41.71	\$352.68	\$176.34	\$436.10
Employee + Family	\$190.14	\$95.07	\$492.76	\$246.38	\$682.90

2009 Dental Rate	Employee	Employee	City	City	
Option IV - C - \$1000 Annual (Basic Plan)	Employee Cost/Mo	Cost/Pay Period	City Cost/Mo	Cost/Pay Period	2009 Total Premium
Employee Only	\$4.36	\$2.18	\$16.54	\$8.27	\$20.90
Employee + Spouse	\$10.08	\$5.04	\$33.12	\$16.56	\$43.20
Employee + Children	\$13.18	\$6.59	\$37.92	\$18.96	\$51.10
Employee + Family	\$17.84	\$8.92	\$44.56	\$22.28	\$62.40

2009 Medical Insurance	Employee	Employee	City	City	
Plan Option: 500 Ded	Employee Cost/Mo	Cost/Pay Period	City Cost/Mo	Cost/Pay Period	2009 Total Premium
Employee Only	\$38.68	\$19.34	\$242.82	\$121.41	\$281.50
Employee + Spouse	\$150.64	\$75.32	\$386.26	\$193.13	\$536.90
Employee + Children	\$120.62	\$60.31	\$352.68	\$176.34	\$473.30
Employee + Family	\$247.94	\$123.97	\$492.76	\$246.38	\$740.70

2009 Dental Rate	Employee	Employee	City	City	
Option IV - C - \$1500 Annual (High Option)	Employee Cost/Mo	Cost/Pay Period	City Cost/Mo	Cost/Pay Period	2009 Total Premium
Employee Only	\$6.66	\$3.33	\$16.54	\$8.27	\$23.20
Employee + Spouse	\$14.78	\$7.39	\$33.12	\$16.56	\$47.90
Employee + Children	\$18.98	\$9.49	\$37.92	\$18.96	\$56.90
Employee + Family	\$24.84	\$12.42	\$44.56	\$22.28	\$69.40

City of Conway

2010 Medical Dental Rates

2010 Medical Insurance Low Option 1000 Ded	Employee	Employee	City	City	2010 Total Premium
	Cost/Mo	Cost/Pay Period	Cost/Mo	Cost/Pay Period	
Employee Only	\$17.12	\$8.56	\$246.48	\$123.24	\$263.60
Employee + Spouse	\$110.54	\$55.27	\$391.96	\$195.98	\$502.50
Employee + Children	\$84.54	\$42.27	\$358.06	\$179.03	\$442.60
Employee + Family	\$192.68	\$96.34	\$500.42	\$250.21	\$693.10
2010 Medical Insurance High Option 500 Ded	Employee	Employee	City	City	2010 Total Premium
	Cost/Mo	Cost/Pay Period	Cost/Mo	Cost/Pay Period	
Employee Only	\$39.22	\$19.61	\$246.48	\$123.24	\$285.70
Employee + Spouse	\$153.04	\$76.52	\$391.96	\$195.98	\$545.00
Employee + Children	\$122.34	\$61.17	\$358.06	\$179.03	\$480.40
Employee + Family	\$251.38	\$125.69	\$500.42	\$250.21	\$751.80

2010 Dental Rates Option IV - B \$1000/yr max (Basic Plan)	Employee	Employee	City	City	2010 Total Premium
	Cost/Mo	Cost/Pay Period	Cost/Mo	Cost/Pay Period	
Employee Only	\$4.48	\$2.24	\$17.02	\$8.51	\$21.50
Employee + Spouse	\$10.36	\$5.18	\$34.14	\$17.07	\$44.50
Employee + Children	\$13.56	\$6.78	\$39.04	\$19.52	\$52.60
Employee + Family	\$18.38	\$9.19	\$45.92	\$22.96	\$64.30
2010 Dental Rates Option IV - C \$1500/yr max (High Option)	Employee	Employee	City	City	2010 Total Premium
	Cost/Mo	Cost/Pay Period	Cost/Mo	Cost/Pay Period	
Employee Only	\$6.88	\$3.44	\$17.02	\$8.51	\$23.90
Employee + Spouse	\$15.16	\$7.58	\$34.14	\$17.07	\$49.30
Employee + Children	\$19.56	\$9.78	\$39.04	\$19.52	\$58.60
Employee + Family	\$25.58	\$12.79	\$45.92	\$22.96	\$71.50

2011 HA Medical Ins. Rates Option 1A \$1000 Deductible (Low Option)	Employee	Employee	City	City	Total	% Paid by City
	Employee Cost/Mo.	Employee Cost/Pay Period	City Cost/Mo.	City Cost/Pay Period	Total Premium	
Employee Only	\$17.64	\$8.82	\$253.86	\$126.93	\$271.50	93.5%
Employee + Spouse	\$113.86	\$56.93	\$403.74	\$201.87	\$517.60	78.0%
Employee + Children	\$87.06	\$43.53	\$368.74	\$184.37	\$455.80	80.9%
Employee + Family	\$198.46	\$99.23	\$515.44	\$257.72	\$773.90	72.2%

2011 BCBS Dental Blue Dental Ins. Rates Option 1B \$1000/yr max benefit (Low Option)	Employee	Employee	City	City	Total	% Paid by City
	Employee Cost/Mo.	Employee Cost/Pay Period	City Cost/Mo.	City Cost/Pay Period	Total Premium	
Employee Only	\$4.66	\$2.33	\$17.74	\$8.87	\$22.40	79.2%
Employee + Spouse	\$10.78	\$5.39	\$35.52	\$17.76	\$46.30	76.7%
Employee + Children	\$14.10	\$7.05	\$40.60	\$20.30	\$54.70	74.2%
Employee + Family	\$19.12	\$9.56	\$47.78	\$23.89	\$66.90	71.4%

2011 HA Medical Ins. Rates Option 1B \$500 Deductible (High Option)	Employee	Employee	City	City	Total	% Paid by City
	Employee Cost/Mo.	Employee Cost/Pay Period	City Cost/Mo.	City Cost/Pay Period	Total Premium	
Employee Only	\$40.44	\$20.22	\$253.86	\$126.93	\$294.30	86.3%
Employee + Spouse	\$157.56	\$78.78	\$403.74	\$201.87	\$561.30	71.9%
Employee + Children	\$126.06	\$63.03	\$368.74	\$184.37	\$494.80	74.5%
Employee + Family	\$258.86	\$129.43	\$515.44	\$257.72	\$774.30	66.6%

2011 BCBS Dental Blue Dental Ins. Rates Option 1B \$1500/yr max benefit (High Option)	Employee	Employee	City	City	Total	% Paid by City
	Employee Cost/Mo.	Employee Cost/Pay Period	City Cost/Mo.	City Cost/Pay Period	Total Premium	
Employee Only	\$7.16	\$3.58	\$17.74	\$8.87	\$24.90	71.2%
Employee + Spouse	\$15.78	\$7.89	\$35.52	\$17.76	\$51.30	69.2%
Employee + Children	\$20.30	\$10.15	\$40.60	\$20.30	\$60.90	66.7%
Employee + Family	\$26.62	\$13.31	\$47.78	\$23.89	\$74.40	64.2%

2012 HA Medical Ins. Rates Option 1A \$1000 Deductible (Low Option)	Employee	Employee	City	City	Total	% Paid by City
	Cost/Mo.	Cost/Pay Period	Cost/Mo.	Cost/Pay Period	Premium	
Employee Only	\$17.64	\$8.82	\$253.86	\$126.93	\$271.50	93.5%
Employee + Spouse	\$113.86	\$56.93	\$403.74	\$201.87	\$517.60	78.0%
Employee + Children	\$87.06	\$43.53	\$368.74	\$184.37	\$455.80	80.9%
Employee + Family	\$198.46	\$99.23	\$515.44	\$257.72	\$713.90	72.2%

2012 BCBS Dental Blue Dental Ins. Rates Option 1B \$1000/yr max benefit (Low Option)	Employee	Employee	City	City	Total	% Paid by City
	Cost/Mo.	Cost/Pay Period	Cost/Mo.	Cost/Pay Period	Premium	
Employee Only	\$4.66	\$2.33	\$17.74	\$8.87	\$22.40	79.2%
Employee + Spouse	\$10.78	\$5.39	\$35.52	\$17.76	\$46.30	76.7%
Employee + Children	\$14.10	\$7.05	\$40.60	\$20.30	\$54.70	74.2%
Employee + Family	\$19.12	\$9.56	\$47.78	\$23.89	\$66.90	71.4%

2012 HA Medical Ins. Rates Option 1B \$500 Deductible (High Option)	Employee	Employee	City	City	Total	% Paid by City
	Cost/Mo.	Cost/Pay Period	Cost/Mo.	Cost/Pay Period	Premium	
Employee Only	\$40.44	\$20.22	\$253.86	\$126.93	\$294.30	86.3%
Employee + Spouse	\$157.56	\$78.78	\$403.74	\$201.87	\$561.30	71.9%
Employee + Children	\$126.06	\$63.03	\$368.74	\$184.37	\$494.80	74.5%
Employee + Family	\$258.86	\$129.43	\$515.44	\$257.72	\$774.30	66.6%

2012 BCBS Dental Blue Dental Ins. Rates Option 1B \$1500/yr max benefit (High Option)	Employee	Employee	City	City	Total	% Paid by City
	Cost/Mo.	Cost/Pay Period	Cost/Mo.	Cost/Pay Period	Premium	
Employee Only	\$7.16	\$3.58	\$17.74	\$8.87	\$24.90	71.2%
Employee + Spouse	\$15.78	\$7.89	\$35.52	\$17.76	\$51.30	69.2%
Employee + Children	\$20.30	\$10.15	\$40.60	\$20.30	\$60.90	66.7%
Employee + Family	\$26.62	\$13.31	\$47.78	\$23.89	\$74.40	64.2%