

Monthly Premium Rate Sheet 2009/10
Employee Choice Flexible Benefit Plan
Revised 5/5/09

Benefit Allowance*

	Health	Dental	Life	Total
Employee Only	\$ 297.50	\$20.00	\$6.50	\$ 324.00
Employee + Family	\$ 630.50	\$22.00	\$6.50	\$ 659.00

*Employees may select any one or all of the below listed benefits independent of one another (i.e., Health only, Dental only, Health and Life only, etc). The employee will receive the allowance(s) indicated above based on benefit(s) selected.

Health Insurance

Anthem Blue Cross and Blue Shield (triple option plan)

- HMO Colorado Plan (HMO)
- HMO Colorado Point-of-Service Plan (POS)
- BluePreferred Plan (PPO)

	Total Monthly Premium	SBCCOE Benefit Trust Subsidy¹	Employer Health Benefit Allowance	Employee Cost
Employee Only	\$ 438.00	\$10.00	\$ 297.50	\$ 130.50
Employee + Family	\$ 1,138.00	\$10.00	\$ 630.50	\$ 497.50

Kaiser Permanente

	Total Monthly Premium	SBCCOE Benefit Trust Subsidy	Employer Health Benefit Allowance	Employee Cost
Employee Only	\$356.00	\$10.00	\$ 297.50	\$ 48.50
Employee + Family	\$941.00	\$10.00	\$ 630.50	\$ 300.50

Dental Insurance – DentaBenefits (Mutual of Omaha/United Concordia)

	Total Monthly Premium	Employer Dental Benefit Allowance	Employee Cost
Option I			
Employee Only	\$35.00	\$20.00	\$ 15.00
Employee + Family	\$78.00	\$22.00	\$ 56.00
Option II			
Employee Only	\$20.00	\$20.00	\$ 0
Employee + Family	\$55.00	\$22.00	\$ 33.00

Basic Term Life/AD&D Insurance – UNUM

Active Employee Premium \$.13 per Thousand	Total Monthly Premium	Employer Life Benefit Allowance	Employee Cost
1X Annual Salary (minimum \$50,000)	\$6.50	\$6.50	\$0
> \$50,000 not to exceed 3X Annual Salary (maximum \$300,000)	\$6.50 + \$.13 per thousand	\$6.50	\$.13 per \$1,000 over \$50,000

¹ The SBCCOE Employee Benefit Trust will provide a \$10 per employee/per month subsidy to eligible participants in this plan for the 2009-2010 plan year.

Retired Employees \$.939 per \$1,000

Basic Dependent Term Life Insurance – UNUM

Spouse & Dependent Life	Monthly Premium
\$5,000	\$2.00
\$10,000	\$4.00

Vision Insurance – VSP

Employee Only	\$ 7.89
Employee + One	\$14.20
Employee + Family	\$21.29

Voluntary Group Life – Colorado PERA (UNUM Provident)

Total Monthly Premium	\$6.50	\$13.00	\$19.50	\$26.00
Member's Age at Plan Anniversary	1 Unit of Life	2 Units of Life	3 Units of Life	4 Units of Life
<25	\$60,500	\$121,000	\$181,500	\$242,000
25-29	52,250	104,500	156,750	209,000
30-34	38,500	77,000	115,500	154,000
35-39	30,800	61,600	92,400	123,200
40-44	21,500	43,000	64,500	86,000
45-49	17,000	34,000	51,000	68,000
50-54	12,000	24,000	36,000	48,000
55-59	7,500	15,000	22,500	30,000
60-64	5,000	10,000	15,000	20,000
65-69	5,000	10,000	15,000	20,000
70 or more	2,500	5,000	7,500	10,000
Spouse's Age at Plan Anniversary				
<55	\$6,000	\$12,000	\$18,000	\$24,000
55-59	3,500	7,000	10,500	14,000
60-69	2,500	5,000	7,500	10,000
70 or over	1,000	2,000	3,000	4,000
Child's Age				
<14 days	\$1,000	\$2,000	\$3,000	\$ 4,000
14 days to <21 years	2,500	5,000	7,500	10,000
21 or over	None	None	None	None