

## 2012 PREMIUM COMPARISON SHEET

	2012 Biweekly Premium	2011 Biweekly Premium	Change Per Pay Period
<b>PREFERRED PROVIDER ORGANIZATIONS (PPOs)</b>			

### **BEAR ADVANTAGE PPO (AETNA CHOICE POS II)**

Employee Only	\$36.15	\$35.10	\$1.05
Employee + Child/Children	\$123.62	\$120.02	\$3.60
Employee + Spouse or Same-Sex Domestic Partner	\$136.64	\$132.66	\$3.98
Employee + Family	\$195.20	\$189.51	\$5.69

### **BEAR ADVANTAGE PLUS PPO (AETNA CHOICE POS II)**

Employee Only	\$48.88	\$47.46	\$1.42
Employee + Child/Children	\$149.09	\$144.74	\$4.35
Employee + Spouse or Same-Sex Domestic Partner	\$162.10	\$157.38	\$4.72
Employee + Family	\$220.66	\$214.23	\$6.43

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<b>HEALTH MAINTENANCE ORGANIZATIONS (HMOs)</b>			

### **BEAR SELECT HMO (AETNA HMO)**

Employee Only	\$61.61	\$59.82	\$1.79
Employee + Child/Children	\$174.55	\$169.46	\$5.09
Employee + Spouse or Same-Sex Domestic Partner	\$187.56	\$182.10	\$5.46
Employee + Family	\$246.12	\$238.95	\$7.17

### **KAISER PERMANENTE HMO**

Employee Only	\$124.39	\$108.17	\$16.22
Employee + Child/Children	\$315.12	\$274.01	\$41.11
Employee + Spouse or Same-Sex Domestic Partner	\$348.30	\$302.86	\$45.44
Employee + Family	\$497.56	\$432.65	\$64.91

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<b>HIGH DEDUCTIBLE HEALTH PLAN</b>			

### **BEAR HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT (AETNA CHOICE POS II)**

Employee Only	\$24.44	\$23.73	\$0.71
Employee + Child/Children	\$74.55	\$72.37	\$2.18
Employee + Spouse or Same-Sex Domestic Partner	\$81.04	\$78.69	\$2.36
Employee + Family	\$110.33	\$107.12	\$3.21

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### **DENTAL PLANS**

#### **DELTA DENTAL PPO PLUS PREMIER - STANDARD PLAN**

Employee Only	\$6.92	\$6.92	
Employee + Child/Children	\$11.70	\$11.70	
Employee + Spouse or Same-Sex Domestic Partner	\$12.85	\$12.85	
Employee + Family	\$16.07	\$16.07	

#### **DELTA DENTAL PPO PLUS PREMIER - ENHANCED PLAN**

Employee Only	\$17.62	\$17.62	
Employee + Child/Children	\$29.28	\$29.28	
Employee + Spouse or Same-Sex Domestic	\$34.39	\$34.39	
Employee + Family	\$45.36	\$45.36	

#### **DENTAQUEST ACCESS EPO**

Employee Only	\$6.81	\$6.81	
Employee + Child	\$12.92	\$16.80	
Employee + Spouse or Same-Sex Domestic Partner	\$12.92	\$12.92	
Employee + Family or Employee + Children	\$16.80	\$16.80	

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### **VISION PLANS**

#### **VISION SERVICE PLAN (VSP) – STANDARD PLAN**

Employee Only	\$4.07	\$4.07	
Employee + Child/Children	\$6.39	\$6.39	
Employee + Spouse or Same-Sex Domestic Partner	\$6.27	\$6.27	
Employee + Family	\$10.30	\$10.30	

#### **VISION SERVICE PLAN (VSP) – SIGNATURE PLAN**

Employee Only	\$6.67	\$6.67	
Employee + Child/Children	\$10.54	\$10.54	
Employee + Spouse or Same-Sex Domestic Partner	\$10.15	\$10.15	
Employee + Family	\$16.94	\$16.94	