

2009 Medical and Dental Plan Insurance Rates

Effective January 1, 2009

See the category that applies to you (General Government Employee or Public School Employee). This is what you pay for health coverage — about 25% of the total cost of coverage. **Metro pays the other 75% for you.**

Medical Plan Rates for General Government Employees	12-Month Employee – Coverage Level		BCBS PPO	CIGNA Choice Fund
		Single		\$60.50
	Family		\$145.50	\$134.50
Semi-Monthly Rates ¹	9-Month Employee – Coverage Level			
		Single (9-month employee)	\$80.50	\$74.50
		Family (9-month employee)	\$194.00	\$179.00

Medical Plan Rates for Public School Employees	10-Month Employee – Coverage Level		BCBS PPO	CIGNA Choice Fund
		Single		\$69.14
	Family		\$166.29	\$153.71
Bi-weekly Rates	12-Month Employee – Coverage Level			
		Single	\$55.85	\$51.69
		Family	\$134.31	\$124.15

Dental Plan Rates		Single	Family	
		General Government Employee (12 Month) – semi-monthly rates ¹	\$0.00	\$16.78
		General Government Employee (9 Month) – semi-monthly rates ¹	0.00	\$22.37
		Public Schools (10 Month) – bi-weekly rates	0.00	\$19.18
		Public Schools (12 Month) – bi-weekly rates	0.00	\$15.49

¹ For employees paid bi-weekly (26 pay periods), premiums will be deducted from 24 pay periods.

2009 Optional Benefit Plan Insurance Rates

Effective January 1, 2009

You pay the full cost of optional benefits at group rates. Group rates are generally lower than individual rates.

Short-Term Disability (STD) Insurance Rates	Short-term disability (STD) rates are based on your Metro pay. Following are sample monthly rates. To calculate your monthly STD insurance rate, multiply 0.028 times your weekly (not monthly) pay.		
	Hourly Earnings	Weekly Earnings	Sample Monthly Rate
	\$10	\$400	\$11.20
	\$15	\$600	\$16.80
	\$20	\$800	\$22.40

Long-Term Disability (LTD) Insurance Rates	Long-term disability (LTD) rates are based on your Metro pay. Following are sample monthly rates. To calculate your monthly LTD insurance rate, multiply 0.0035 times your monthly (not weekly) pay. You must complete the Medical History Statement if you are enrolling for long-term disability for the first time during this Annual Enrollment.		
	Hourly Earnings	Monthly Earnings	Sample Monthly Rate
	\$10	\$1,750	\$6.13
	\$15	\$2,600	\$9.10
	\$20	\$3,500	\$12.25

Long-Term Care (LTC) Insurance Rates	<p>Long-term care insurance is an optional benefit. You pay the full cost of this coverage at group rates. Group rates are generally lower than individual rates.</p> <p>Contact Prudential at www.prudential.com/gltc or call 800-732-0416.</p>
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2009 Optional Benefit Plan Insurance Rates

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Vision Plan Rates ¹	If you are:	BASIC Option ¹		ENHANCED Option ¹	
		Single	Family	Single	Family
	General Government Employee (12 month) – semi-monthly	\$1.52	\$4.65	\$2.08	\$6.66
	General Government Employee (9 month) – semi-monthly	\$2.03	\$6.20	\$2.77	\$8.88
	Public School (12 month) – bi-weekly	\$1.40	\$4.29	\$1.92	\$6.15
	Public School (10 month) – bi-weekly	\$1.74	\$5.31	\$2.38	\$7.61

¹ For employees paid bi-weekly (26 pay periods), premiums will be deducted from 24 pay periods.

Supplemental Life Insurance Rates	Age	Monthly Rate Per \$10,000 of Supplemental Life
		0 to 29
	30 to 34	\$0.50
	35 to 39	\$0.60
	40 to 44	\$0.90
	45 to 49	\$1.50
	50 to 54	\$2.20
	55 to 59	\$3.80
	60 to 64	\$5.00
	65 to 69	\$6.80
	70 and over	\$8.20

Dependent Life Insurance Rates	Monthly Rate for Dependent Life
	<p>Note: To enroll in dependent life, you (the employee) must enroll in supplemental life.</p> <ul style="list-style-type: none"> • \$10,000 coverage for spouse • \$5,000 coverage for each child • No limit on number of eligible dependents