

REGENCE BLUE SHIELD HEALTH INSURANCE OPTIONS

Option 1	Basic Medical: Unlimited visits, \$30/45 Copay, \$1500 Ded, 80/60/60 Coins, \$4000 OOPM, Maternity	Rates:	Employee Employee/Spouse Employee/1 child Employee/2+ child Family	\$ 545.00 \$ 1,309.00 \$ 779.00 \$ 1,306.00 \$ 1,627.00
Option 2	Basic Medical: Unlimited visits, \$30/45 Copay, \$2000 Ded, 80/60/60 Coins, \$5500 OOPM, Maternity	Rates:	Employee Employee/Spouse Employee/1 child Employee/2+ child Family	\$ 515.00 \$ 1,236.00 \$ 735.00 \$ 978.00 \$ 1,536.00
Option 3	Basic Medical: Unlimited visits, \$30/45 Copay, \$3000 Ded, 80/60/60 Coins, \$5500 OOPM, Maternity	Rates:	Employee Employee/Spouse Employee/1 child Employee/2+ child Family	\$ 486.00 \$ 1,167.00 \$ 694.00 \$ 923.00 \$ 1,450.00
Option 4	HSA Healthplan 2.0 Basic Medical: \$2,500 Ind/\$5,000 Fam Ded, 80/60/60 Coins, \$5000 Ind/\$10,000 Fam OOPM, Maternity	Rates:	Employee Employee/Spouse Employee/1 child Employee/2+ child Family	\$ 410.00 \$ 983.00 \$ 585.00 \$ 778.00 \$ 1,222.00

RATE COMPARISON

	Existing	Option 1	Option 2	Option 3	HSA Existing	Option 4
Employee	\$ 482	\$ 545	\$ 515	\$ 486	\$ 367	\$ 410
Employee/Spouse	\$ 1,132	\$ 1,309	\$ 1,236	\$ 1,167	\$ 862	\$ 983
Employee/1 child	\$ 689	\$ 779	\$ 735	\$ 694	\$ 525	\$ 585
Employee/2+ child	\$ 916	\$ 1,306	\$ 978	\$ 923	\$ 698	\$ 778
Family	\$ 1,421	\$ 1,627	\$ 1,536	\$ 1,450	\$ 1,083	\$ 1,222

DELTA DENTAL RENEWAL

Coverage	Existing Rates	Renewal Rates
Employee	\$39.00	\$41.00
Employee/Spouse	\$73.00	\$77.00
Employee/2+ Dependents	\$124.00	\$130.00

LIFE MAP Life Insurance

LifeMap premiums remain at \$5/month. (This coverage is mandatory for those enrolled in the District Group Health plan.)