

2012 RATES for HEALTH, LIFE, VISION and DENTAL INSURANCE

Category	Code	Description	UNION				
			CSEA	MANG	DEPS (1529)	JAIL (2390)	SW
HEALTH INSURANCE							
Active	<i>(payroll deduction)</i>		01	05	04	03	08
ACTV	S	-SN Active Single	25.91	25.91	3.98	2.99	25.91
	D	-WD Active w/dep	67.32	67.32	67.05	67.05	67.32
	F	-FM Active Family	123.25	123.25	122.75	122.75	123.25
		-WV No health insurance	0.00	0.00	0.00	0.00	0.00
Billed, Workers' Comp, and Family Medical Leave			<i>(billed monthly)</i>				
BILL	SN	Single Coverage	56.14	56.14	8.63	6.47	56.14
COMP	WD	w/Dep Coverage	145.85	145.85	145.26	145.26	145.85
FMLA	FM	Family Coverage	267.03	267.03	265.94	265.94	267.03
Retiree	<i>(billed monthly)</i>		88	89	87	86	85
RET	SN	Retired Single Pre 2009	33.69	33.69	8.63	6.47	33.69
	SA	Retired Single Post 2009	56.14	56.14	8.63	6.47	56.14
	WD	Retired w/Dep	145.85	145.85	145.26	145.26	145.85
	FM	Retired Family	267.53	267.53	265.94	265.94	267.53
	WV	Retired Waived	0.00	0.00	0.00	0.00	0.00
	MS	Ret. Single w/Med Pre 2009	27.07	27.07	8.63	6.47	27.07
	SM	Ret Single w/Med Post 2009	45.11	45.11	8.63	6.47	45.11
	M1	Ret. Family 1 w/Med	199.06	199.06	197.97	197.97	199.06
	M2	Ret. Family 2 w/Med	141.52	141.52	140.43	140.43	141.52
Retired Surviving Spouse			<i>(billed monthly)</i>				
RSPS	FM	Spouse and Family	874.92	874.92	873.83	873.83	874.92
	M1	Spouse w/Medicare	648.37	648.37	647.28	647.28	648.37
Leave of Absence			<i>(billed monthly)</i>				
LOA	SN	LOA Single	567.89	567.89	567.85	567.86	567.89
	WD	LOA Single w/Dep	1032.44	1032.44	1031.85	1031.85	1032.44
	FM	LOA Family	1436.34	1436.34	1435.25	1435.25	1436.34
COBRA	<i>(billed monthly)</i>		98	97	96	99	
CBRA	SN	Cobra Single	579.25	579.25	579.21	579.22	579.25
	WD	Cobra Single w/Dep	1053.09	1053.09	1052.49	1052.49	1053.09
	FM	Cobra Family	1465.07	1465.07	1463.98	1463.98	1465.07
LIFE INSURANCE							
Active	<i>(payroll deduction)</i>						
	S	Single	0.00	0.00	0.00	0.00	0.00
	F	Dependent	2.12	2.12	2.12	2.12	2.12
Retired	<i>(billed monthly - all units)</i>						
	SN	Single/hired before 6/1/80	0.00		Emp. # 1-259		
	DP	Family/hired before 6/1/80	2.50		Emp. # 1-259		
	SA	Single/hired after 6/1/80	2.60		Emp. # 260+		
	FA	Family/hired after 6/1/80	5.10		Emp. # 260+		

DENTAL INSURANCE

<u>Active</u>	Single	0.00	0.00	11.00	11.00	0.00
<i>(payroll deduction)</i>	Family	30.29	30.29	30.00	30.00	30.29
<u>Retired</u>	Single	N/A	N/A	35.00	35.00	N/A
<i>(billed monthly)</i>	Family			75.00	75.00	
<u>COBRA</u>	Single	38.70	38.70	60.60	60.60	38.70
<i>(billed monthly)</i>	Family	104.32	104.32	76.50	76.50	104.32

CSEA dental rates change July 1st
Council 82 dental rates change April 1st

VISION INSURANCE

Active CSEA & Management Composite Rate:
no charge to employees and enrolled dependents

Updated 2/7/12