

MEDICAL, DENTAL, VISION BI-WEEKLY CONTRIBUTION RATES

Fiscal Year 2010 (July 1, 2009 – June 30, 2010)

All SFT Staff, Faculty, Staff Physicians, and Senior Management



	EMPLOYEE ONLY		EMPLOYEE+SPOUSE		EMPLOYEE+CHILD		EMPLOYEE+CHILDREN		FAMILY	
MEDICAL – FULL TIME EMPLOYEES (32 – 40 hours per week)										
	You Pay:	CCHMC Pays:	You Pay:	CCHMC Pays:	You Pay:	CCHMC Pays:	You Pay:	CCHMC Pays:	You Pay:	CCHMC Pays:
CCHMC Elite (Humana)	\$57.25	\$154.53	\$120.00	\$324.73	\$91.50	\$247.34	\$125.75	\$340.16	\$180.00	\$487.10
CCHMC Select (Humana)	\$51.50	\$139.08	\$108.00	\$292.21	\$82.25	\$222.67	\$113.25	\$306.02	\$162.00	\$438.32
CCHMC Choice (Anthem)	\$49.25	\$133.45	\$103.50	\$280.18	\$79.00	\$213.32	\$108.50	\$293.44	\$155.50	\$420.02
CCHMC Choice Plus (Anthem)	\$57.75	\$155.90	\$121.25	\$327.42	\$92.25	\$249.59	\$127.00	\$343.00	\$181.75	\$491.25
CCHMC Choice Elite (Anthem)	\$112.50	\$155.80	\$236.00	\$327.42	\$179.75	\$249.53	\$247.25	\$343.00	\$354.00	\$491.14
DENTAL – FULL TIME EMPLOYEES (32 – 40 hours per week)										
	You Pay:	CCHMC Pays:	You Pay:	CCHMC Pays:	You Pay:	CCHMC Pays:	You Pay:	CCHMC Pays:	You Pay:	CCHMC Pays:
Dental Care Plus Basic	\$4.75	\$5.54	\$9.50	\$11.60	\$9.00	\$10.56	\$11.75	\$13.99	\$16.25	\$18.75
Dental Care Plus High	\$8.00	\$5.10	\$16.50	\$10.36	\$15.25	\$9.64	\$20.00	\$12.75	\$27.25	\$17.29
Dental Care Plus Out-of-Area Traditional	\$8.00	\$5.10	\$16.50	\$10.36	\$15.25	\$9.64	\$20.00	\$12.75	\$27.25	\$17.29
Humana-CompBenefits Advantage	\$1.25	\$5.34	\$2.50	\$10.92	\$2.00	\$10.32	\$2.75	\$13.70	\$4.00	\$18.43
Humana-CompBenefits Elite Choice	\$1.75	\$5.59	\$3.75	\$11.31	\$2.50	\$11.79	\$4.00	\$17.63	\$5.00	\$22.48
VISION – FULL TIME EMPLOYEES (32 – 40 hours per week) <i>Only deducted from first two pays each month</i>										
	You Pay:	You Pay:	You Pay:	You Pay:	You Pay:					
Humana-CompBenefits VisionCare Plan	\$2.57	\$4.89	\$4.66	\$4.85	\$7.83					

All medical and dental contributions deducted from each pay – 26 pays per year

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All SPT Staff, Faculty, Staff Physicians, and Senior Management



	EMPLOYEE ONLY		EMPLOYEE+SPOUSE		EMPLOYEE+CHILD		EMPLOYEE+CHILDREN		FAMILY	
MEDICAL – PART TIME EMPLOYEES (20 – 31 hours per week)										
	You Pay:	CCHMC Pays:	You Pay:	CCHMC Pays:	You Pay:	CCHMC Pays:	You Pay:	CCHMC Pays:	You Pay:	CCHMC Pays:
CCHMC Elite (Humana)	\$78.25	\$133.53	\$164.50	\$280.23	\$125.25	\$213.59	\$172.50	\$293.41	\$246.75	\$420.35
CCHMC Select (Humana)	\$70.50	\$120.08	\$148.00	\$252.21	\$112.75	\$192.17	\$155.25	\$264.02	\$222.00	\$378.32
CCHMC Choice (Anthem)	\$67.50	\$115.20	\$142.00	\$241.68	\$108.25	\$184.07	\$148.75	\$253.19	\$213.00	\$362.52
CCHMC Choice Plus (Anthem)	\$79.00	\$134.65	\$166.00	\$282.67	\$126.50	\$215.34	\$174.00	\$296.03	\$249.00	\$424.00
CCHMC Choice Elite (Anthem)	\$133.75	\$134.55	\$280.75	\$282.67	\$214.00	\$215.28	\$294.25	\$296.00	\$421.25	\$423.89
DENTAL – PART TIME EMPLOYEES (20 – 31 hours per week)										
	You Pay:	CCHMC Pays:	You Pay:	CCHMC Pays:	You Pay:	CCHMC Pays:	You Pay:	CCHMC Pays:	You Pay:	CCHMC Pays:
Dental Care Plus Basic	\$6.25	\$4.04	\$12.50	\$8.60	\$11.75	\$7.81	\$15.50	\$10.24	\$21.25	\$13.75
Dental Care Plus High	\$9.50	\$3.60	\$19.50	\$7.36	\$18.00	\$6.89	\$23.75	\$9.00	\$32.25	\$12.29
Dental Care Plus Out-of-Area Traditional	\$9.50	\$3.60	\$19.50	\$7.36	\$18.00	\$6.89	\$23.75	\$9.00	\$32.25	\$12.29
Humana-CompBenefits Advantage	\$2.75	\$3.84	\$5.50	\$7.92	\$4.75	\$7.57	\$6.50	\$9.95	\$9.00	\$13.43
Humana-CompBenefits Elite Choice	\$3.25	\$4.09	\$6.75	\$8.31	\$5.50	\$8.79	\$8.50	\$13.13	\$10.50	\$16.98
VISION – PART TIME EMPLOYEES (20 – 31 hours per week) Only deducted from first two pays each month										
	You Pay:	You Pay:	You Pay:	You Pay:	You Pay:					
Humana-CompBenefits VisionCare Plan	\$2.57	\$4.89	\$4.66	\$4.85	\$7.83					

All medical and dental contributions deducted from each pay – 26 pays per year