

MEDICAL AND DENTAL PREMIUM RATES

Effective July 1, 2008 with BlueCross BlueShield of Tennessee

Employee Status		Medical Plan 1 (\$1,000 Deductible)		Medical Plan 2 (\$750 Deductible)		Dental Plan	
		Individual	Family	Individual	Family	Individual	Family
Full-time employees (> = 0.85 FTE)	Monthly Rate	\$40.00	\$135.00	\$68.00	\$206.00	\$10.00	\$35.00
	Bi-Weekly Rate	\$20.00	\$67.50	\$34.00	\$103.00	\$5.00	\$17.50
Part-time employees (0.52-0.84 FTE)	Monthly Rate	\$76.00	\$180.00	\$104.00	\$252.00	\$10.00	\$35.00
	Bi-Weekly Rate	\$38.00	\$90.00	\$52.00	\$126.00	\$5.00	\$17.50
Part-time employees (< 0.52 FTE)	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible
LOA (first 4 months are at the employee rate) If payment starts in middle of the month	Monthly Rate	\$185.00	\$484.00	\$214.00	\$556.00	\$10.00	\$35.00
	B-Weekly Rate	\$92.50	\$242.00	\$107.00	\$278.00	\$5.00	\$17.50
Temporary and Relief Pool Employees	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible
Retirees (age 55 to 65) If payment starts in the middle of the month	Monthly Rate	\$139.00	\$288.00	\$168.00	\$360.00	\$14.00	\$39.00
	Bi-Weekly Rate	\$69.50	\$144.00	\$84.00	\$180.00	\$7.00	\$19.50
COBRA If payment starts in the middle of the month	Monthly Rate	\$360.00	\$930.00	\$387.00	\$1,002.00	\$22.00	\$60.00
	Bi-Weekly Rate	\$180.00	\$465.00	\$193.50	\$501.00	\$11.00	\$30.00
BCBS Projected Cost	Monthly Rate	\$352.61	\$912.20	\$379.66	\$982.17	\$21.45	\$58.35

0.85 FTE = 63.75 hours per pay period
 0.52 - 0.84 = 39 - 63 hours per pay period
 < 0.52 = < 39 hours per pay period

Revised: May 23, 2008