



Teachers Health Trust

Benefit Information

**New Hire Orientation
2009-2010
School Year**

The information contained in this pamphlet is provided only as a brief summary of current benefits and is subject to change.

For Teachers By Teachers

Choosing an Insurance Plan

Welcome! As your health insurance provider, the Teachers Health Trust (Trust) is here to guide you through the decision-making process and help you make the best choice with respect to your health insurance plan.

Today you must choose health benefits for yourself and your dependents.

There are two choices you may make for your medical benefits:

1. Diamond Medical
2. Platinum Medical

There is a third option which has no medical benefits. It is called the Hospital Supplement Plan and will be discussed on page 10.

There are two choices you may make for your dental benefits:

1. Diamond Dental
2. Platinum Dental

There are three choices you may make for your dependents:

1. Medical only
2. Dental/Vision only
3. Medical/Dental/Vision

You must enroll your dependents in the same medical and/or dental plan as you elect for yourself.

You have up to 31 calendar days from today's date or the date your coverage becomes effective (whichever is later) to make a one-time change to your plan selections.

Your coverage will be effective the first day of the month following your hire date. *(For example, if you are hired on August 12, your coverage will be effective September 1.)*

Insurance Plan Options

As a licensed employee, you will receive at **no cost to you:**

- Platinum Medical coverage* or Hospital Supplement Plan,
- Platinum Dental coverage,
- Vision coverage,
- \$50,000 term life insurance, and
- Tax-Saving Section 125 Premium-Only Plan.

*For an additional premium, you may enroll in the Diamond Medical Plan and/or the Diamond Dental Plan.

*FOR INFORMATION REGARDING YOUR PRIVACY RIGHTS AS THEY PERTAIN TO YOUR HEALTH INSURANCE COVERAGE, PLEASE REFER TO THE **HIPAA NOTICE OF PRIVACY PRACTICES** INCLUDED IN YOUR INFORMATION PACKET.*

Diamond and Platinum Plans

- The following is a comparison of the out-of-pocket costs between the two PPO plans—Diamond and Platinum—offered to all licensed employees.
- The Provider Directory is the same for both plans.
- If you enroll your dependents for medical benefits, they will be enrolled in the same medical plan that you choose for yourself; i.e., you cannot enroll yourself in the Diamond Medical Plan and choose the Platinum Medical Plan for your dependents.
- The following is only a summary of major benefits. The complete information regarding your plan can be found in your Summary Plan Document (SPD) online at www.teachershealthtrust.org.

IN-NETWORK BENEFITS	DIAMOND PLAN	PLATINUM PLAN
Lifetime Maximum	\$2,000,000	\$2,000,000
Calendar Year Deductible	None	None
All Office Visits (including Mental Health)	\$20 per visit	\$30 per visit
Laboratory	\$0 if performed by an in-network, in-area, free-standing lab; \$10 per test if performed by a network physician/provider or non-free-standing lab	\$0 if performed by an in-network, in-area, free-standing lab; \$15 per test if performed by a network physician/provider or non-free-standing lab
Diagnostic & Radiology Procedures	\$10 per test procedure	\$20 per test procedure
CAT Scans	\$50 per test procedure	\$75 per test procedure
MRI	\$50 per test procedure	\$75 per test procedure
PET Scans	\$200 per test procedure	\$400 per test procedure
Outpatient Facility	\$150 per surgery	\$200 per surgery
Outpatient Surgeon	\$125 per surgery	\$250 per surgery
Anesthesia	\$100	\$150
Hospital Observation	\$100 per day	\$150 per day
Emergency Room	\$150	\$300
Ambulance	20% coinsurance	30% coinsurance
Routine OB Care (Physician)	\$150 for all routine office visits and delivery	\$300 for all routine office visits and delivery
Inpatient routine newborn circumcision	\$20	\$30
Inpatient Hospital/Facility (including Mental Health)	\$150 per day (up to \$450 per admission)	\$300 per day (up to \$900 per admission)
Inpatient Procedures (Surgeon)	\$125 per surgery	\$250 per surgery
Anesthesia	\$100	\$150
Inpatient Visits	\$0	\$0
Allergy Testing	\$1 per test	\$2 per test
Allergy Antigens	\$1 per dose	\$2 per dose
Allergy Injections	\$5 per injection	\$10 per injection
Sleep Studies	\$75 (limitations apply)	\$150 (limitations apply)
Home Health	20% of eligible medical expenses	30% of eligible medical expenses

Diamond and Platinum Plans

IN-NETWORK BENEFITS	DIAMOND PLAN	PLATINUM PLAN
Hearing Aids	Plan will pay 100% of covered charges up to a \$1,000 maximum per ear every 5 years. See limitations regarding replacements.	Not a covered benefit.
Durable Medical Equipment, Prosthetics, and Orthotics (including Foot Orthotics)	Participants are responsible for 20% coinsurance.	Participants are responsible for 30% coinsurance.
Transplants (excluding corneal transplants, which fall under Outpatient Surgery Benefits)	Benefits available in-network only. Services must be coordinated by the THT Case Management Department. Participants are responsible for a \$1,500 copay at the time of transplant. All other services relating to the transplant are subject to the applicable Diamond Plan copays.	Benefits available in-network only. Services must be coordinated by the THT Case Management Department. Participants are responsible for a \$5,000 copay at the time of transplant. All other services relating to the transplant are subject to the applicable Platinum Plan copays.



Choosing in-network providers will save you both time and money!

Out-of-Network Benefits

Out-of-Network

Although the Trust provides you with a large network of providers to choose from for your health care, there may be times when you receive services from an **out-of-network** provider. The Trust provides benefits for out-of-network services, but they are quite different from in-network benefits. **You will pay more out of your own pocket for services received from out-of-network providers.**

Out-of-Area

Emergency/Urgent Services have a separate benefit. Please see page 140 of your Summary Plan Document (SPD) for more information.

The following benefits will apply when you use a provider **NOT** on the Trust's provider list:

	DIAMOND PLAN	PLATINUM PLAN
Deductible	\$1,500 calendar year deductible per person	\$2,500 calendar year deductible per person
Plus: Percentage of the eligible medical expenses (EME)	After the calendar year deductible is met, 30% of the EME	After the calendar year deductible is met, 30% of the EME
Plus: Amount over the eligible medical expenses (EME)	ALL amounts over the EME	ALL amounts over the EME

Please note that if you do not obtain **prior authorization** for certain procedures, you will be responsible for higher out-of-pocket expenses than shown above.

Diamond and Platinum Plans

Prior Authorizations

Some services covered under the Trust’s plans require **prior authorization**. Failure to obtain prior authorization could result in benefits being greatly reduced or not paid at all.

The Following Services Require Prior Authorization:	
Services Requiring Prior Authorization	<ul style="list-style-type: none"> • Blepharoplasty (eyelid surgery) • Botox Injections • Breast Surgery • Cosmetic Surgery • CT Scan • Dialysis • Durable Medical Equipment (valued at \$500 or more) • Durable Medical Equipment (repair or replacement) • Endoscopy • Extended Network Benefit • Hernia Repair • Home Health Care • Hospice Care • Inpatient Admissions • MRIs and MRAs • Nasal Surgery • Nerve Conduction Studies/EMGs • Pain Management (Nerve Blocks) • PET Scans • Sclerotherapy (vein surgery) • Skilled Nursing Facility • TAP (Thornton Adjustable Positioner) Devices • Transplant and Follow-up Transplant Services • Virtual Testing (when diagnosis is present)
Who to Contact	<p>Encompass Web site: www.encompassonline.com Fax: 515-273-8780 Phone: 800-779-4158</p>
When to Call	<p>Urgent/Emergency Care: Within 24 hours of the service or admission to the hospital.</p> <p>Non-Urgent Care/Non-Emergency Care: As soon as possible prior to service.</p>

The reviewing organization is available by telephone or fax 24 hours a day, seven days a week to accept requests for prior authorization.

Prescription Drug Benefits

- You have access to pharmacy locations in Nevada and nationwide to obtain your prescription drugs.
- If you obtain your covered prescription drugs at any of the participating pharmacy providers, the only cost to you will be a minimal copayment.
- The three-tier copay structure offers you the following choices:

BENEFITS	DIAMOND PLAN	PLATINUM PLAN
Retail Pharmacy (1 30-day supply)		
Generic Drugs	\$0 copay	\$0 copay
Preferred (Formulary)	\$25 copay	\$30 copay
Non-preferred (Non-formulary)	\$40 copay	\$45 copay
Mail Order Pharmacy (90-day supply)		
Generic Drugs	\$0 copay	\$0 copay
Preferred (Formulary)	\$50 copay	\$60 copay
Non-preferred (Non-formulary)	\$80 copay	\$90 copay
Maintenance Drugs*	\$10 additional charge on all refills at the retail pharmacy after second fill.	\$20 additional charge on all refills at the retail pharmacy after second fill.

*The following information refers specifically to filling prescriptions for **maintenance medications**:

- You will be allowed to fill each of your **maintenance medications** two times at a retail pharmacy.
- If you are on the **Diamond Plan** and you continue to refill your **maintenance medications** at a retail pharmacy, **you will be charged \$10 per refill in addition to your regular copay.**
- If you are on the **Platinum Plan** and you continue to refill your **maintenance medications** at a retail pharmacy, **you will be charged \$20 per refill in addition to your regular copay.**

If you would like to know whether the prescription you are taking is classified as “maintenance,” please contact Medco directly at **1-800-818-2364** or visit Medco’s Web site at www.medcohealth.com.

Prescription Drug Benefits

Mail Order Information

Use the **mail order program** if you are taking a **maintenance medication** to treat an ongoing health condition such as high blood pressure. You may obtain up to a 90-day supply through the mail order program.

To use the mail order program for a new prescription, ask your doctor to write two separate prescriptions: the first for up to a 30-day supply to be filled at a participating retail pharmacy and the second for a 90-day supply permitting refills you can obtain through Medco's home delivery system. Then, use one of the following two methods to order your medications:

By fax from your doctor: Give your ID number to your doctor and have your doctor call **1-888-EASYRX1** (1-888-327-9791) to obtain fax instructions.

By mail: Mail your prescription and the required copayment along with an order form to Medco. The mail order form can be obtained by calling Medco at **1-800-818-2364**. You may also request a mail order form by visiting Medco's Web site at **www.medcohealth.com**.

***Please note: you should not send in a prescription written for a 30-day supply permitting refills to the mail order program. Medco can **ONLY** fill the prescription for the quantity limit written on your prescription and cannot change a prescription for a 30-day supply to a 90-day supply. The prescription **MUST** be written for a 90-day supply in order for the mail order program to save you money.*

Carefully review your prescription to ensure it is written for a 90-day supply with refills!

Hospital Supplement Plan

Plan Choice Three: Hospital Supplement Plan

- This plan is available **only** to employees who do not choose to enroll in either of the two medical plans. There is no premium to be paid for this plan.
- This plan is **not** available to dependents.
- There is **NO MEDICAL COVERAGE** on the Hospital Supplement Plan.
- Employees who choose the Hospital Supplement Plan are eligible for an income supplement payment of \$260 per day for every day of overnight inpatient hospitalization for which room and board is charged, including maternity, up to a 365-day lifetime maximum. This benefit is paid directly to you and **does not coordinate with any other plan.**

Dental Benefits

- Participants have the option of choosing either the **Diamond Dental Plan** or the **Platinum Dental Plan**.
- If you enroll your dependents for dental benefits, they will be enrolled in the same dental plan as you choose for yourself; i.e., you **cannot** enroll yourself in the Diamond Dental Plan and choose the Platinum Dental Plan for your dependents.

Diamond Dental Plan

- **\$2,000** annual maximum benefit per person and
- Lifetime maximum orthodontia benefit of **\$1,000** for dependents **under the age of nineteen (19) only.***

*There is a two-year waiting period for orthodontia. Your dependent must be enrolled in the Diamond Dental Plan for **two consecutive years** in order to be eligible for the orthodontia benefit. Therefore, any dependent under age nineteen (19) you enroll in the Diamond Dental Plan at your initial enrollment will not be eligible for orthodontia benefits until two years after his or her enrollment date. Those dependents who meet eligibility requirements for orthodontia services must incur such services before reaching age nineteen (19).

Platinum Dental Plan

- **\$1,000** annual maximum benefit per person and
- **No** orthodontia coverage.

Dental Benefits

Services received from an in-network provider will be paid based on a coinsurance structure. After you have met the annual maximum, you will be responsible for the contracted rate for the remainder of the year. The following is an example of what you will pay to an in-network provider:

<u>Dental Treatment</u>	<u>Paid to In-Network Provider</u>	<u>Patient Responsibility for In-Network Services</u>
Preventive	100% of total contracted rate	None
Basic	80% of total contracted rate	20% of total contracted rate
Major	60% of total contracted rate	40% of total contracted rate

IN-NETWORK PROCEDURE DESCRIPTION	TREATMENT TYPE	WHAT YOU WILL PAY
Periodic Oral Evaluation	Preventive	\$0
Adult Cleaning	Preventive	\$0
Child Cleaning	Preventive	\$0
Filling - one surface, primary or permanent	Basic	\$15.20
Crown - porcelain fused to high noble metal	Major	\$268.40

Services received from an out-of-network provider will be paid based on a fee schedule.

If you use an out-of-network dentist, the Trust will pay the amount indicated in the fourth column of the fee schedule below regardless of how much your out-of-network dentist charges for the services, and you will be responsible for all charges over and above that amount. After you have met the annual plan maximum, you will be responsible for all charges incurred for the remainder of the year. The following is an example of an out-of-network fee schedule. (Amounts are based on the average rate charged by in-area dentists.)

OUT-OF-NETWORK PROCEDURE DESCRIPTION	AVERAGE CHARGE	WHAT YOU WILL PAY	WHAT THE TRUST WILL PAY
Periodic Oral Evaluation	\$36	\$9	\$27
Adult Cleaning	\$72	\$10	\$62
Child Cleaning	\$55	\$14	\$41
Filling - one surface, primary or permanent	\$84	\$39.84	\$44.16
Crown - porcelain fused to high noble metal	\$750	\$459.12	\$290.88

Vision Benefits

There is only **one** vision plan, regardless of which medical plan you choose.

If you enroll your dependents in a dental plan, vision is automatically included.

Vision Benefits

Benefits are administered through **Vision Service Plan (VSP)** and include:

Vision Examination	Once every calendar year
Lenses	Once every calendar year (only if needed)
Frames	Once every other calendar year

VISION BENEFITS	IN-NETWORK BENEFITS
Exam	\$20 copayment; exam allowed once per calendar year.
Lenses	Single vision, lined bifocal, and lined trifocal are fully covered; for lens options, you pay any amount over the price of the aforementioned covered lenses and receive an average 30% discount. Lenses are allowed once every calendar year, only if needed.
Frames	\$130 allowance; you pay any amount over the eligible medical expenses at a 20% discounted rate. Frames are allowed once every other calendar year.
Contact Lenses	\$120 allowance for contact lens exam and contacts; you pay any amount over the eligible medical expenses.* (There is a 15% discounted rate for the contact lens exam only.) Contact lenses are allowed once every calendar year.

- If services are obtained from a VSP provider, the out-of-pocket expense you will incur will be a \$20 copayment per person per exam as well as any expense in excess of the plan eligible medical expense amount for glasses or contacts. You may obtain the plan's eligible medical expense amounts by registering online at www.vsp.com.
- If you choose, you may obtain **either** contact lenses **or** one set of eyeglass lenses per calendar year. If you obtain contact lenses, this utilizes all benefits for that year and the frame benefits for the following year.
- For contact lenses that are not medically necessary (i.e., glasses will correct the problem), VSP will pay for a standard eye exam (after the \$20 copay) and \$120 toward the cost of materials and/or fitting.
- The vision benefit will **not** cover:

Tinting	Hi-Index Lenses
UV Protection	Progressive/Blended Bifocals
Scratch Coating	Polarized Lenses

Wellness Division

The Trust is comprised of a number of departments, one of which is the Wellness Division. This department is dedicated to providing participants with the resources necessary to live healthier lifestyles. We believe achieving wellness results from a conscious decision to find balance in five areas of life: physical, emotional, social, intellectual, and spiritual. The Trust considers prevention the key to living a long, healthy life. Below is a breakdown of the various programs available to you as a licensed employee of the Clark County School District that support the Wellness Division's motto of *Prevention Today for Wellness Tomorrow*™.

Lifestyle Decisions™ is an online program available to all participants that focuses on helping you learn to make healthy lifestyle decisions. This educational resource provides information on chronic illnesses (including diabetes and coronary artery disease) and will soon be expanding to address other health matters as well.

The Annual Health Festival is an event designed to promote healthy living among CCSD employees. The event is held on a Saturday each fall and provides participants, their families, and their friends with free testings and screenings, free flu shots, information and education on health-related topics, demonstrations, and entertainment galore.

Health Traxx is a quarterly publication produced by the Trust that provides participants with the information needed to make sound health care choices. *Health Traxx* provides news from the Trust as well as educational articles relating to all aspects of well-being. Additionally, the publication highlights and honors those CCSD employees who have demonstrated their dedication to living healthy lifestyles.

WellFit for Life and the Best Weigh to Go Programs: The WellFit for Life program is a 10-week cardiovascular program designed to help participants become more active. Sponsored by the Trust and Nike, Inc., WellFit for Life allows participants to log their exercise online and offers valuable incentives to those who successfully complete the challenge. A new addition to the WellFit for Life program, the Best Weigh to Go competition encourages participants to form teams that compete against each other in order to encourage weight loss.

The Annual Breast Cancer Awareness Campaign is an event that encourages participants to take an active role in detection and prevention by obtaining free breast exams and mammograms during the months of September, October, and November.

The Annual Prostate Cancer Awareness Campaign is an event that encourages male participants to take an active role in detection and prevention by obtaining free prostate exams and PSA tests.

Wellness Leaders is comprised of one to two individuals from each school or worksite in the Clark County School District who meet on the first Thursday of the month to assist the Wellness Division with developing new programs and providing input on the benefits available through the Wellness Division.

For more information regarding any of the above programs, please visit the Trust's Web site at www.teachershealthtrust.org or contact the Wellness Division at 702-794-0272 or via e-mail at wellness@teachershealthtrust.org.

Prevention Today for Wellness Tomorrow.™

Eligibility Requirements

Eligibility Requirements for Enrollment



Documentation is required to establish eligibility for your dependents. You have **31 calendar days** from your orientation date to submit the required documents to the Trust.

Failure to submit documentation within **31 calendar days** of your orientation date will require you to wait until Open Enrollment or to pay a **\$100 administrative fee** to add your dependents. No documentation will be accepted **60 calendar days** after your orientation date.



Your eligible dependents are:

- Your **SPOUSE** to whom you are legally married (not divorced or legally separated from). A copy of your certified marriage certificate must be provided to the Trust.
- Your **NEVER-MARRIED CHILDREN** up to age twenty-six (26) who are dependent on you for at least half of their financial support. The terms “child” and “children” include natural children, legally adopted children, children who have been placed in your home for adoption, stepchildren, and children for whom you are the court-appointed guardian. A copy of the certified birth certificate and any applicable legal papers (including divorce decrees) must be provided to the Trust. Foster children are not eligible for dependent coverage.

In addition to a certified birth certificate, if your dependent child is nineteen (19) years of age or over but under twenty-six (26), you must also provide the following documentation:

- **Full-time Student Status Verification.** Your dependent must be enrolled in twelve (12) credit hours per semester or quarter or otherwise defined as full-time by the educational institution attended. The only acceptable forms of proof of student status are documents from the school or an authorized agent of the school verifying full-time status and a signed statement that the child depends on you for at least half of his or her financial support. Class schedules and/or statements are **NOT acceptable**. Verification of full-time student status is requested semi-annually (for spring and fall semesters).
- **Disabled Dependent Verification.** If your dependent child age nineteen (19) and over but under twenty-six (26) is temporarily or permanently disabled and 100 percent dependent on you for financial support, you may apply for the dependent’s coverage, provided that the child was disabled while covered under your previous health insurance plan. You will need to provide documentation to substantiate continuous coverage.

Eligibility Requirements

Eligibility Requirements for Enrollment (continued)

You may also add dependents within **31 days of a life event** (as described below):

Life Event	Documentation Required
Marriage	A copy of the certified marriage certificate .
Birth of a child	A copy of the certified birth certificate issued by either the state or county of birth that includes at least one parent's name.
Divorce	A copy of the front page and signature page of the divorce decree .
Loss of other health coverage OR dependent obtains other health coverage	A letter from the other insurance carrier indicating either the date the other coverage was terminated OR the date your dependent became eligible for new health coverage.
Adoption/appointment of guardianship	A copy of the court papers approving the adoption or the appointment of a guardian. In the case of adoption, a copy of the initial placement papers for the adoption is required. In the case of guardianship, court documents are required.
Return to student status for a never-married child age nineteen (19) and over but under twenty-six (26)	A letter from the school or an authorized agent of the school verifying student status (i.e., indicating a dependent is enrolled in 12 credit hours per semester or quarter or is otherwise defined as full-time by the educational institution attended). Class schedules and/or statements are NOT acceptable .

Domestic Partner Enrollment

In addition to the dependents previously defined, you may be eligible to enroll a **DOMESTIC PARTNER** in your Diamond or Platinum Plan. A domestic partner is defined as a person with whom you:

- Share or maintain a residence,
- Share responsibility for basic living expenses, and
- Designate as the beneficiary for 50 percent or more of your term life insurance provided through the Trust.

If you enroll a dependent as a domestic partner, you must sign and have notarized a **Declaration of Domestic Partnership Form** and submit a copy of both your and your domestic partner's certified birth certificates. Annual verification of continued domestic partnership status will be requested.

Section 125 Premium-Only Plan

The **Section 125 Premium-Only Plan** allows you to pay your portion of health insurance on a pre-tax basis rather than an after-tax basis. The amount of your eligible payroll deductions for coverages selected will be deducted from your gross earnings before your taxes are calculated. This means that your take-home pay may increase because insurance payments are deducted from your gross pay before Federal and Medicare taxes are applied. Please note that you **cannot** enroll in Section 125 if you enroll a domestic partner on your plan. Below is an example comparing take-home pay with and without utilizing a Premium-Only Plan:

WITHOUT PREMIUM-ONLY PLAN (POST-TAX)		WITH PREMIUM-ONLY PLAN (PRE-TAX)	
Monthly Gross	\$2,333.33	Monthly Gross	\$2,333.33
Federal Tax (15%)	350.00	Family Coverage	<u>168.00</u>
Medicare Only (1.45%)	<u>33.83</u>	Adjusted Gross	\$2,165.33
Net Pay	\$1,949.50	Federal Tax (15%)	324.80
Family Coverage	<u>168.00</u>	Medicare Only (1.45%)	<u>31.40</u>
Take-Home Pay	\$1,781.50	Take-Home Pay	\$1,809.13
		MONTHLY SAVINGS:	\$27.63
		ANNUAL SAVINGS:	\$331.56

Important Section 125 Plan Provisions

- Your annual tax withholding (W-2) statement will reflect your reduced taxable income. Therefore, you should not report premiums paid on your income tax returns.
- You may only change or revoke your pre-tax deductions at the end of each calendar year during Open Enrollment (for an effective date of January 1 of the following year), unless there is a qualifying life event. A qualifying life event is defined as one of the following:

marriage; divorce; death of a spouse or child; birth or adoption of a child; commencement or termination of employment of a spouse; change in premiums; change in coverage; separation from service; a significant change in the health coverage offered through your or your spouse's employment; unpaid leaves of absence taken by you or your spouse; your over-19, never-married child returning to school; or a change from part-time to full-time employment for you or your spouse.

Enrolling in a Plan

Calculating Per-Paycheck Premiums

Use the following information and the Premium Worksheet on the next page to calculate your *PER-PAYCHECK* premium.

- You may enroll your dependents in medical only, dental/vision only, or medical/dental/vision.
- Dependents may only enroll in the same medical and/or dental plan that you choose for yourself; i.e., if you select Platinum Medical and Diamond Dental, your dependents would need to enroll in Platinum Medical and/or Diamond Dental.
- There is only **one** vision plan regardless of your medical plan selection. If you enroll your dependents in a dental plan, vision benefits are automatically included.
- Each employee receives medical/dental/vision/\$50,000 term life coverage as a combined package.
- You **must** complete and turn in the enrollment form today.
- You have **thirty-one (31) days** to make a one-time change.
- You have **thirty-one (31) days** to submit required documentation to the Trust as it applies to dependent coverage.



The Teachers Health Trust's mission is to achieve proven excellence in the delivery of health and welfare benefits of the highest quality for our participants.

Premium Worksheet

Please use the following chart to calculate your PER-PAYCHECK premium:

1. EMPLOYEE SELECTION: Please select one of the following plans and write the dollar amount in 1.			
Diamond Medical/Diamond Dental/Vision.....		\$25.00	
Diamond Medical/Platinum Dental/Vision.....		\$17.00	
Platinum Medical/Diamond Dental/Vision.....		\$8.00	
Platinum Medical/Platinum Dental/Vision.....		\$0	
Hospital Supplement/Diamond Dental/Vision.....		\$8.00	
Hospital Supplement/Platinum Dental/Vision.....		\$0	
			1. \$ _____
2. DEPENDENT SELECTIONS			
2a. Medical Coverage			
	<i>Diamond Medical</i>	<i>Platinum Medical</i>	
1 Dependent.....	\$60.00.....	\$45.00	
2 Dependents.....	\$70.00.....	\$53.00	
3 Dependents.....	\$80.00.....	\$61.00	
4 Dependents.....	\$90.00.....	\$69.00	
5 Dependents.....	\$100.00.....	\$77.00	
6 Dependents.....	\$110.00.....	\$85.00	
7 Dependents.....	\$120.00.....	\$91.00	
8 Dependents.....	\$130.00.....	\$99.00	
9 Dependents.....	\$140.00.....	\$107.00	
			2a. \$ _____
2b. Dental/Vision Coverage			
	<i>Diamond Dental/Vision</i>	<i>Platinum Dental/Vision</i>	
<i>Dependents with Medical Coverage</i>			
1 Dependent.....	\$28.00.....	\$21.00	
2 Dependents.....	\$48.00.....	\$36.00	
3 Dependents.....	\$68.00.....	\$51.00	
4 Dependents.....	\$88.00.....	\$66.00	
5 Dependents.....	\$108.00.....	\$81.00	
6 Dependents.....	\$128.00.....	\$96.00	
7 Dependents.....	\$148.00.....	\$111.00	
8 Dependents.....	\$168.00.....	\$126.00	
9 Dependents.....	\$188.00.....	\$141.00	
			2b. \$ _____
2c. Dental/Vision Only			
	<i>Diamond Dental/Vision</i>	<i>Platinum Dental/Vision</i>	
1 Dependent.....	\$30.00.....	\$23.00	
2 Dependents.....	\$50.00.....	\$38.00	
3 Dependents.....	\$70.00.....	\$53.00	
4 Dependents.....	\$90.00.....	\$68.00	
5 Dependents.....	\$110.00.....	\$83.00	
6 Dependents.....	\$130.00.....	\$98.00	
7 Dependents.....	\$150.00.....	\$113.00	
8 Dependents.....	\$170.00.....	\$128.00	
9 Dependents.....	\$190.00.....	\$143.00	
			2c. \$ _____
TOTAL PER-PAYCHECK PREMIUM (add lines 1 & 2)			\$ _____

