

**BENEFIT PLAN/COST COMPARISON**

CALHOUN COUNTY			Rates 20% All Plans - Elected Officials				Rates 20% - Cnty NU, Crt NU, APAA, GELC, IUOE				Rates 15% - UAW-C, UAW-D, POAM, COAM, AFSCME, MNA			
		Rates	Employer Net Cost	Employee Contribution			Employer Net Cost	Employee Contribution			Employer Net Cost	Employee Contribution		
				Mo.	Bi-Wk	%		Mo.	Bi-Wk	%		Mo.	Bi-Wk	%
<b>Community Blue 1</b>														
	Single	\$ 698.27	\$ 475.97	\$ 222.30	\$ 102.60	31.8%	\$ 475.97	\$ 222.30	\$ 102.60	31.8%	\$ 505.72	\$ 192.55	\$ 88.87	27.6%
	Dual	\$ 1,396.54	\$ 951.94	\$ 444.60	\$ 205.20	31.8%	\$ 951.94	\$ 444.60	\$ 205.20	31.8%	\$ 1,011.44	\$ 385.10	\$ 177.74	27.6%
	Family	\$ 1,906.27	\$ 1,299.40	\$ 606.87	\$ 280.09	31.8%	\$ 1,299.40	\$ 606.87	\$ 280.09	31.8%	\$ 1,380.61	\$ 525.66	\$ 242.61	27.6%
<b>Community Blue 3</b>														
	Single	\$ 594.96	\$ 475.97	\$ 118.99	\$ 54.92	20.0%	\$ 475.97	\$ 118.99	\$ 54.92	20.0%	\$ 505.72	\$ 89.24	\$ 41.19	15.0%
(Standard plan)	Dual	\$ 1,189.93	\$ 951.94	\$ 237.99	\$ 109.84	20.0%	\$ 951.94	\$ 237.99	\$ 109.84	20.0%	\$ 1,011.44	\$ 178.49	\$ 82.38	15.0%
	Family	\$ 1,624.25	\$ 1,299.40	\$ 324.85	\$ 149.93	20.0%	\$ 1,299.40	\$ 324.85	\$ 149.93	20.0%	\$ 1,380.61	\$ 243.64	\$ 112.45	15.0%
<b>Flex Blue 3 with HSA</b>														
	Single	\$ 351.39	\$ 281.11	\$ 70.28	\$ 32.44	20.0%	\$ 351.39	\$ -	\$ -	0.0%	\$ 351.39	\$ -	\$ -	0.0%
	Dual	\$ 702.79	\$ 562.23	\$ 140.56	\$ 64.87	20.0%	\$ 702.79	\$ -	\$ -	0.0%	\$ 702.79	\$ -	\$ -	0.0%
	Family	\$ 959.31	\$ 767.45	\$ 191.86	\$ 88.55	20.0%	\$ 959.31	\$ -	\$ -	0.0%	\$ 959.31	\$ -	\$ -	0.0%
w/HSA Funding	Single	\$ 476.39												
w/HSA Funding	Dual	\$ 952.79												
w/HSA Funding	Family	\$ 1,209.31												

County Employees do not contribute to Dental

**CB1 Benefit Summary**  
 \$0 Deductible \$10 Office Co-pays  
 100% Coinsurance \$100 Emergency Rm Co-Pays  
 \$10/\$20/\$40 Prescriptions

**CB3 Benefit Summary**  
 \$250/\$500 Deductible \$10 Office Copays  
 80/20% Coinsurance \$100 Emergency Rm Co-Pays  
 \$10/\$20/\$40 Prescriptions

**FB3 Benefit Summary**  
 \$2000/\$4000 Deductible  
 Full Cost Office Visit & ER until Ded met  
 Full Cost Prescriptions until Ded met

ROAD COMMISSION			Rates 10% All Plans			
		Rates	Employer Net Cost	Employee Contribution		
				Mo.	Bi-Wk	%
<b>Community Blue PPO w/Seamless HRA</b>						
	Single	\$ 453.96	\$ 408.56	\$ 45.40	\$ 22.70	10.0%
	Dual	\$ 1,089.48	\$ 980.53	\$ 108.95	\$ 54.47	10.0%
	Family	\$ 1,361.85	\$ 1,225.67	\$ 136.19	\$ 68.09	10.0%
<b>Delta Dental</b>						
	Single	\$ 33.70	\$ 30.33	\$ 3.37	\$ 1.69	10.0%
	Dual	\$ 75.84	\$ 68.26	\$ 7.58	\$ 3.79	10.0%
	Family	\$ 94.36	\$ 84.92	\$ 9.44	\$ 4.72	10.0%
<b>TOTAL COMBINED (medical &amp; dental)</b>						
	Single	\$ 487.66	\$ 438.89	\$ 48.77	\$ 24.38	10.0%
	Dual	\$ 1,165.32	\$ 1,048.79	\$ 116.53	\$ 58.27	10.0%
	Family	\$ 1,456.21	\$ 1,310.59	\$ 145.62	\$ 72.81	10.0%

**Benefit Summary**  
 \$2500/\$5000 Deductible but reimbursed down to zero through HRA  
 \$10 Office Copays  
 \$50 Emergency Room Co-Pays  
 \$15/\$30 Prescriptions