

## 2014 Medical/Dental/Vision/Mail Order Drug Active and COBRA Rates

Traditional Medical PPO	2014 Monthly Medical Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
<b>Active Contributions</b>	\$89.80	\$188.60	\$170.64	\$269.44
<b>Medical Rates</b>	\$628.06	\$1318.93	\$1193.31	\$1884.18
<b>COBRA Rates</b>	\$640.62	\$1345.31	\$1217.18	\$1921.86

Traditional Dental	2014 Monthly Dental Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + child(ren)
<b>Active Contributions</b>	\$8.88	\$18.64	\$19.56	\$29.32
<b>Dental Rates</b>	\$45.81	\$96.20	\$100.78	\$151.17
<b>COBRA Rates</b>	\$46.73	\$98.12	\$102.80	\$154.19

Aetna Dental HMO	2014 Monthly Dental HMO Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
<b>Active Contributions</b>	\$0	\$0	\$0	\$0
<b>Dental Rates</b>	\$20.44	\$42.93	\$38.85	\$61.34
<b>COBRA Rates</b>	\$20.85	\$43.79	\$39.63	\$62.57

	2014 Monthly Vision Plan (VSP plus) Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
<b>Active Contributions</b>	\$11.55	\$18.03	\$21.61	\$28.90

	2014 Monthly Vision Plan (VSP) Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
<b>Active Contributions</b>	\$9.19	\$15.70	\$16.10	\$25.50

	2013 Monthly Superior Vision Plan Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
<b>Active Contributions</b>	\$7.60	\$15.30	\$12.50	\$21.40

	2014 Express Scripts Mail Order Prescription Drug Rates	
	Generic	Name Brand
<b>Co-pay for 90 day supply</b>	\$28.00	\$89.00

# 2014 HMO List and Flight Attendant Rates

		HMO RATES				ACTIVE CONTRIBUTIONS				COBRA RATES			
Carrier	Health Plan	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
Aetna	Aetna Slct (AZ)	\$382.32	\$726.41	\$802.88	\$1,146.97	\$0	\$0	\$0	\$0	\$389.97	\$740.94	\$818.94	\$1,169.91
Aetna	Aetna Slct (FL)	\$391.91	\$744.63	\$823.02	\$1,175.74	\$0	\$0	\$0	\$0	\$399.75	\$759.52	\$839.48	\$1,199.25
Aetna	Aetna Slct (MA)	\$382.32	\$726.41	\$802.88	\$1,146.97	\$0	\$0	\$0	\$0	\$ 389.97	\$ 740.94	\$ 818.94	\$ 1,169.91
Aetna	Aetna Slct (MN)	\$572.40	\$1,087.56	\$1,202.05	\$1,717.22	\$34.12	\$64.88	\$71.68	\$102.48	\$ 583.85	\$ 1,109.31	\$ 1,226.09	\$ 1,751.56
Aetna	Aetna Slct (NC)	\$556.91	\$1,058.13	\$1,169.52	\$1,670.74	\$18.64	\$35.44	\$39.16	\$56.00	\$ 568.05	\$ 1,079.29	\$ 1,192.91	\$ 1,704.15
Aetna	Aetna Slct (NJ)	\$382.32	\$726.41	\$802.88	\$1,146.97	\$0	\$0	\$0	\$0	\$ 389.97	\$ 740.94	\$ 818.94	\$ 1,169.91
Aetna	Aetna Slct (NV)	\$382.32	\$726.41	\$802.88	\$1,146.97	\$0	\$0	\$0	\$0	\$ 389.97	\$ 740.94	\$ 818.94	\$ 1,169.91
Aetna	Aetna Slct (NY)	\$382.32	\$726.41	\$802.88	\$1,146.97	\$0	\$0	\$0	\$0	\$ 389.97	\$ 740.94	\$ 818.94	\$ 1,169.91
Aetna	Aetna Slct (PA)	\$382.32	\$726.41	\$802.88	\$1,146.97	\$0	\$0	\$0	\$0	\$ 389.97	\$ 740.94	\$ 818.94	\$ 1,169.91
Aetna	Aetna Slct MidA	\$391.91	\$744.63	\$823.02	\$1,175.74	\$0	\$0	\$0	\$0	\$ 399.75	\$ 759.52	\$ 839.48	\$ 1,199.25
Aetna	Aetna Slct N CA	\$575.80\$	\$1,094.02	\$1,209.19	\$1,727.42	\$37.52\$	\$71.32	\$78.84	\$112.68	\$ 587.32	\$ 1,115.90	\$ 1,233.37	\$ 1,761.97
Aetna	Aetna Slct S CA	\$477.78	\$907.79	\$1,003.35	\$1,433.35	\$0	\$0	\$0	\$0	\$ 487.34	\$ 925.95	\$ 1,023.42	\$ 1,462.02
Aetna	Aetna Slct(BUF)	\$382.32	\$726.41	\$802.88	\$1,146.97	\$0	\$0	\$0	\$0	\$ 389.97	\$ 740.94	\$ 818.94	\$ 1,169.91
Aetna	Aetna Slct(DET)	\$433.37	\$823.41	\$910.08	\$1,300.12	\$0	\$0	\$0	\$0	\$ 442.04	\$ 839.88	\$ 928.28	\$ 1,326.12
BlueCross BlueShield	HMO Colorado	\$559.69	\$1,063.42	\$1,175.36	\$1,679.08	\$21.40	\$40.72\$	\$45.00	\$64.32	\$ 570.88	\$ 1,084.69	\$ 1,198.87	\$ 1,712.66
BlueCross BlueShield	HMO Illinois	\$444.13	\$843.85	\$932.68	\$1,332.40	\$0	\$0	\$0	\$0	\$ 453.01	\$ 860.73	\$ 951.33	\$ 1,359.05
BlueCross BlueShield	HMSA (sUA HMO)	\$415.07	\$788.71	\$871.71	\$1,245.31	\$0	\$0	\$0	\$0	\$ 423.37	\$ 804.48	\$ 889.14	\$ 1,270.22
Kaiser	Kaiser	\$528.72	\$1,004.57	\$1,110.30	\$1,586.15	\$0	\$0	\$0	\$0	\$ 539.29	\$ 1,024.66	\$ 1,132.51	\$ 1,617.87

		HMO RATES				ACTIVE CONTRIBUTIONS				COBRA RATES			
Carrier	Health Plan	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
Permanente	Northern CA (sUA)												
Kaiser Permanente	Kaiser Southern CA (sUA)	\$431.51	\$819.87	\$906.16	\$1,294.52	\$0	\$0	\$0	\$0	\$ 440.14	\$ 836.27	\$ 924.28	\$ 1,320.41
Kaiser Permanente	Kaiser CO (sUA)	\$484.41	\$920.38	\$1,017.25	\$1,453.22	\$0	\$0	\$0	\$0	\$ 494.10	\$ 938.79	\$ 1,037.60	\$ 1,482.28
Kaiser Permanente	Kaiser HI (sUA HMO)	\$429.22	\$815.53	\$901.37	\$1,287.67	\$0	\$0	\$0	\$0	\$ 437.80	\$ 831.84	\$ 919.40	\$ 1,313.42
Kaiser Permanente	Kaiser Northwest	\$485.77	\$922.96	\$1,020.11	\$1,457.30	\$0	\$0	\$0	\$0	\$ 495.49	\$ 941.42	\$ 1,040.51	\$ 1,486.45
Kaiser Permanente	Kaiser Mid-Atlantic	\$475.39	\$903.30	\$998.32	\$1,426.18	\$0	\$0	\$0	\$0	\$ 484.90	\$ 921.37	\$ 1,018.29	\$ 1,454.70
Group Health Cooperative	Group Health	\$486.32	\$923.97	\$1,021.23	\$1,458.93	\$0	\$0	\$0	\$0	\$ 496.05	\$ 942.45	\$ 1,041.65	\$ 1,488.11
Kaiser Permanente	Kaiser GA	\$456.90	\$868.11	\$959.49	\$1,370.70	\$0	\$0	\$0	\$0	\$ 466.04	\$ 885.47	\$ 978.68	\$ 1,398.11
Kaiser Permanente	Kaiser OH (sUA HMO)	\$568.21	\$1,079.60	\$1,193.27	\$1,704.63	\$29.92	\$56.92	\$62.92	\$89.88	\$ 579.57	\$ 1,101.19	\$ 1,217.14	\$ 1,738.72