

2010 JPS Preferred Care⁺ Rate Sheet

JPS Physician Group

MEDICAL PLAN PREMIUMS (Deductions are Semi-Monthly)

FULL-TIME REGULAR	EMPLOYEE DEDUCTION
Employee Only	\$ 0.00
Employee +1 or 2	128.39
Employee +3 or 4	214.86
Employee +5 or more	305.26
PART-TIME	EMPLOYEE DEDUCTION
Employee Only	\$ 57.48
Employee +1 or 2	256.78
Employee +3 or 4	429.72
Employee +5 or more	610.51

DENTAL PLAN PREMIUMS (Deductions are Semi-Monthly)

FULL-TIME	EMPLOYEE DEDUCTION
Employee Only	\$ 7.15
Employee +1 or 2	21.44
Employee +3 or 4	32.16
Employee +5 or more	48.83
PART-TIME	EMPLOYEE DEDUCTION
Employee Only	\$ 14.29
Employee +1 or 2	42.88
Employee +3 or 4	64.31
Employee +5 or more	97.66

FamCareAdvantage™ Vision Benefits

VISION PLAN PREMIUMS (Deductions are Semi-Monthly)

SIGNATURE PLUS+ PLAN	EMPLOYEE DEDUCTION
Employee Only	\$ 7.31
Employee + Spouse	11.41
Employee + Child(ren)	11.65
Employee + Family	18.79
SIGNATURE PLAN	EMPLOYEE DEDUCTION
Employee Only	\$ 4.40
Employee + Spouse	6.87
Employee + Child(ren)	7.02
Employee + Family	11.30
CHOICE PLAN	EMPLOYEE DEDUCTION
Employee Only	\$ 2.50
Employee + Spouse	3.90
Employee + Child(ren)	3.99
Employee + Family	6.42
ACCESS PLAN	EMPLOYEE DEDUCTION
Employee Only	Free
Employee + Spouse	Free
Employee + Child(ren)	Free
Employee + Family	Free



JPS PHYSICIAN GROUP

Hartford

Group Term Supplemental Life Insurance & Short-Term Disability Rates

MODE OF RATES: MONTHLY PER \$1,000 | DATE: JANUARY 2010

EMPLOYEE RATES	
AGE BANDS	RATE PER \$1,000
< 30	\$ 0.06
30 34	0.08
35 39	0.10
40 44	0.15
45 49	0.25
50 54	0.38
55 59	0.58
60 64	0.89
65 69	1.49
70 74	2.69
75 >	5.47

SPOUSE RATES	
AGE BANDS	RATE PER \$1,000
< 30	\$ 0.06
30 34	0.08
35 39	0.10
40 44	0.15
45 49	0.25
50 54	0.38
55 59	0.58
60 64	0.89
65 69	1.49
70 74	2.69
75 >	5.47

DEPENDENT CHILD RATES	
MONTHLY RATE PER \$1,000	\$ 0.202

SHORT-TERM DISABILITY RATES	
MONTHLY RATE PER \$1,000	\$ 0.80



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