

2011 JPS Health Network Network Employees Rate Sheet

MEDICAL PLAN PREMIUMS (Deductions are Semi-Monthly)

FULL-TIME	SELECT PLAN	CHOICE PLAN
Employee Only	\$ 32.29	\$ 22.27
Employee + 1 or 2	144.38	99.57
Employee + 3 or 4	201.36	138.87
Employee + 5 or more	271.66	187.35
PART-TIME	SELECT PLAN	CHOICE PLAN
Employee Only	\$ 64.61	\$ 44.56
Employee + 1 or 2	288.75	199.14
Employee + 3 or 4	402.72	277.74
Employee + 5 or more	543.30	374.69
SPECIAL RATE (Full-Time Only)	SELECT PLAN	CHOICE PLAN
Employee Only	\$ 17.10	\$ 11.79
Employee + 1 or 2	45.59	31.44
Employee + 3 or 4	62.68	43.23
Employee + 5 or more	85.49	58.96

DENTAL PLAN PREMIUMS (Deductions are Semi-Monthly)

FULL-TIME	DEDUCTION
Employee Only	\$ 9.45
Employee + 1 or 2	22.65
Employee + 3 or 4	40.15
Employee + 5 or more	57.37
PART-TIME	DEDUCTION
Employee Only	\$ 9.45
Employee + 1 or 2	22.65
Employee + 3 or 4	40.15
Employee + 5 or more	57.37

VISION PLAN PREMIUMS (Deductions are Semi-Monthly)

SIGNATURE PLUS+ PLAN	DEDUCTION
Employee Only	\$ 7.31
Employee + Spouse	11.41
Employee + Child(ren)	11.65
Employee + Family	18.79
SIGNATURE PLAN	DEDUCTION
Employee Only	\$ 4.40
Employee + Spouse	6.87
Employee + Child(ren)	7.02
Employee + Family	11.30
CHOICE PLAN	DEDUCTION
Employee Only	\$ 2.50
Employee + Spouse	3.90
Employee + Child(ren)	3.98
Employee + Family	6.42
ACCESS PLAN	DEDUCTION
Employee Only	FREE
Employee + Spouse	FREE
Employee + Child(ren)	FREE
Employee + Family	FREE



The Hartford

Group Term Supplemental Life & Short Term Disability Rates

MODE OF RATES: MONTHLY PER \$1,000 - EFFECTIVE: JANUARY 2011

SUPPLEMENTAL LIFE RATES

AGE BANDS	EMPLOYEE & SPOUSE RATES 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 LIFE RATE

MONTHLY RATE PER \$1,000 \$ 0.202

SHORT TERM DISABILITY RATE

MONTHLY RATE PER \$1,000 \$ 0.80

GROUP LIFE / AD&D BUY-UP RATE

MONTHLY RATE PER \$1,000 \$ 0.12