

**TOOELE CITY BENEFIT COSTS
RETIREES
JULY 2010 - JUNE 2011**

| | Retiree Rates During COBRA Billing Period | | | | Retiree Rates During Conversion Period | | | |
|------------------------------|--|-----------------------|--|--|---|-----------------------|--|--|
| | | Total Monthly Premium | Tooele City Cost for Retiree, If EPC is applicable | Retiree Cost for Insurance, If EPC is applicable | | Total Monthly Premium | Tooele City Cost for Retiree, If EPC is applicable | Retiree Cost for Insurance, If EPC is applicable |
| PEHP Preferred Option 2 | Single | \$585.70 | \$538.60 | \$47.10 | Single | \$746.49 | \$686.46 | \$60.03 |
| | Double | \$1,212.34 | \$538.60 | \$673.74 | Double | \$1,545.15 | \$686.46 | \$858.69 |
| | Family | \$1,639.86 | \$538.60 | \$1,101.26 | Family | \$2,090.03 | \$686.46 | \$1,403.57 |
| Advantage Care Option 1 | Single | \$538.60 | \$538.60 | \$0.00 | Single | \$686.46 | \$686.46 | \$0.00 |
| | Double | \$1,120.23 | \$538.60 | \$581.63 | Double | \$1,427.74 | \$686.46 | \$741.28 |
| | Family | \$1,454.14 | \$538.60 | \$915.54 | Family | \$1,853.32 | \$686.46 | \$1,166.86 |
| Advantage Care Option 2 | Single | \$471.15 | \$471.15 | \$0.00 | Single | \$600.49 | \$600.49 | \$0.00 |
| | Double | \$975.27 | \$538.60 | \$436.67 | Double | \$1,243.00 | \$686.46 | \$556.54 |
| | Family | \$1,319.19 | \$538.60 | \$780.59 | Family | \$1,681.32 | \$686.46 | \$994.86 |
| Summit Care Program Option 1 | Single | \$471.15 | \$471.15 | \$0.00 | Single | \$600.49 | \$600.49 | \$0.00 |
| | Double | \$975.27 | \$538.60 | \$436.67 | Double | \$1,243.00 | \$686.46 | \$556.54 |
| | Family | \$1,319.19 | \$538.60 | \$780.59 | Family | \$1,681.32 | \$686.46 | \$994.86 |
| Summit Care Program Option 2 | Single | \$422.16 | \$422.16 | \$0.00 | Single | \$538.05 | \$538.05 | \$0.00 |
| | Double | \$873.81 | \$538.60 | \$335.21 | Double | \$1,113.69 | \$686.46 | \$427.23 |
| | Family | \$1,181.98 | \$538.60 | \$643.38 | Family | \$1,506.44 | \$686.46 | \$819.98 |
| Basic Life | Retiree | \$9.90 | \$9.90 | \$0.00 | Retiree | \$9.90 | \$9.90 | \$0.00 |
| | Dependent | \$1.07 | \$0.00 | \$1.07 | Dependent | \$1.07 | \$0.00 | \$1.07 |
| Basic AD&D | Retiree | \$1.65 | \$1.65 | \$0.00 | Retiree | \$1.65 | \$1.65 | \$0.00 |
| Preferred Dental Plan | Single | \$49.16 | \$0.00 | \$49.16 | Dental is not available to retirees beyond COBRA coverage. | | | |
| | Double | \$62.44 | \$0.00 | \$62.44 | | | | |
| | Family | \$90.82 | \$0.00 | \$90.82 | | | | |
| **Vision Plan I | There is no continuation benefit for vision. | | | | **Call for rates if you were a retiree who had coverage prior to insurance policy change*** | | | |

** Effective January 2002, Vision is no longer extendable under COBRA coverage. Retirees currently enrolled may maintain coverage up to their initial COBRA time period.

HEALTH INSURANCE WAIVER = \$2809

PENDING COUNCIL APPROVAL