

**TOOELE CITY BENEFIT COSTS
REGULAR EMPLOYEES
RATES HELD AND LEVELED AT 0% INCREASE
2011-2012**

	BI-WEEKLY AMOUNTS (24 PERIODS)			MONTHLY AMOUNTS			COBRA RATES	
		Employee Deduction	City Premium	Employee & City Total	Employee Deduction	City Premium		Employee & City Total
PEHP Preferred Option 2	Single	\$21.60	\$240.00	\$261.60	\$43.20	\$480.00	\$523.20	\$533.66
	Double	\$146.51	\$395.00	\$541.51	\$293.02	\$790.00	\$1,083.02	\$1,104.68
	Family	\$244.97	\$487.50	\$732.47	\$489.94	\$975.00	\$1,464.94	\$1,494.24
Advantage Option 1	Single	\$0.00	\$229.62	\$229.62	\$0.00	\$459.24	\$459.24	\$468.42
	Double	\$100.32	\$375.00	\$475.32	\$200.64	\$750.00	\$950.64	\$969.65
	Family	\$162.93	\$480.00	\$642.93	\$325.86	\$960.00	\$1,285.86	\$1,311.58
Advantage Option 2	Single	\$0.00	\$209.89	\$209.89	\$0.00	\$419.78	\$419.78	\$428.18
	Double	\$40.47	\$394.00	\$434.47	\$80.94	\$788.00	\$868.94	\$886.32
	Family	\$105.18	\$482.50	\$587.68	\$210.36	\$965.00	\$1,175.36	\$1,198.87
Summit Care Progr Option 1	Single	\$0.00	\$229.62	\$229.62	\$0.00	\$459.24	\$459.24	\$468.42
	Double	\$42.99	\$432.33	\$475.32	\$85.98	\$864.66	\$950.64	\$969.65
	Family	\$109.93	\$533.00	\$642.93	\$219.86	\$1,066.00	\$1,285.86	\$1,311.58
Summit Care Progr Option 2	Single	\$0.00	\$209.89	\$209.89	\$0.00	\$419.78	\$419.78	\$428.18
	Double	\$0.00	\$434.47	\$434.47	\$0.00	\$868.94	\$868.94	\$886.32
	Family	\$46.10	\$541.58	\$587.68	\$92.21	\$1,083.15	\$1,175.36	\$1,198.87
Preferred Choice Dental	Single	\$0.00	\$24.10	\$24.10	\$0.00	\$48.20	\$48.20	\$49.16
	Double	\$2.60	\$28.01	\$30.61	\$5.21	\$56.01	\$61.22	\$62.44
	Family	\$8.17	\$36.35	\$44.52	\$16.34	\$72.70	\$89.04	\$90.82
Vision Plan I	Single	\$0.00	\$2.50	\$2.50	\$0.00	\$5.00	\$5.00	
	Double	\$1.00	\$4.00	\$5.00	\$2.00	\$8.00	\$10.00	
	Family	\$3.00	\$7.00	\$10.00	\$6.00	\$14.00	\$20.00	
Basic Life	Employee	\$0.00	\$4.95	\$4.95	\$0.00	\$9.90	\$9.90	
	Dependent	\$0.22	\$0.32	\$0.54	\$0.43	\$0.64	\$1.07	
Basic AD&D Emp Assist Program	Employee	\$0.00	\$0.83	\$0.83	\$0.00	\$1.65	\$1.65	
	Family	\$0.00	\$1.70	\$1.70	\$0.00	\$3.40	\$3.40	
Short Term Disabil	Employee	\$1.50	\$6.00	\$7.50	\$3.00	\$12.00	\$15.00	

HEALTH INSURANCE WAIVER PAYBACK W/ PROOF OF OTHER INSURANCE = \$2809

	City URS %	City 401K %	Max Emp 401K %	401K Allowed Catch-up for Age 50 and over	TOTAL Allowed for Age 50 and over
URS Non-Contributory	13.77%	0.00%	\$16,500.00	\$5,500.00	\$22,000.00
URS Contributory	15.76%	0.00%	\$16,500.00	\$5,500.00	\$22,000.00
Public Safety Non-Contributory	27.07%	0.00%	\$16,500.00	\$5,500.00	\$22,000.00
Tier II Contributory	14.81%	0.00%	\$16,500.00	\$5,500.00	\$22,000.00
Tier II Non-Contributory	12.74%	0.00%	\$16,500.00	\$5,500.00	\$22,000.00
Tier II Public Safety	17.82%	0.00%	\$16,500.00	\$5,500.00	\$22,000.00