

BLUE CROSS/BLUE SHIELD COMMUNITY BLUE PPO - Rates effective 11/1/11

CORPORATE SERVICES

Prescription: \$20.00 (Generic); \$40.00 (Brand); \$20.00 Office Call

Mail order 2 copays (90 day supply)

	Monthly Total Premium	Monthly Employee Contribution	Monthly College Contribution	Monthly Employee Total Contribution	Yearly Total Premium	Yearly College Contribution	Yearly Employee Contribution	Estimated Tax Rate	Yearly Employee Estimated Net Savings	Yearly Employee Estimated Net Cost
Single	\$402.61	\$60	\$342.61	\$60	\$4,831.32	\$4,111.32	\$720.00	37.00%	\$266.40	453.60
Two Party	\$966.25	\$145	\$821.25	\$145	\$11,595.00	\$9,855.00	\$1,740.00	37.00%	\$643.80	1,096.20
Family	\$1,207.83	\$181	\$1026.83	\$181	\$14,493.96	\$12,321.96	\$2,172.00	37.00%	\$803.64	1,368.36