

**BLUE CROSS/BLUE SHIELD COMMUNITY BLUE PPO
Health Insurance Rates**

**Administrative/Professional, Support, Food Services, Facilities Management and Faculty
Effective November 1, 2011**

	<u>Monthly Total Premium</u>	<u>Monthly Employee Contribution</u>	<u>Monthly College Contribution</u>	<u>Yearly Total Premium</u>	<u>Yearly College Contribution</u>	<u>Yearly Employee Contribution</u>	<u>Estimated Tax Rate</u>	<u>Yearly Employee Estimated Net Savings</u>	<u>Yearly Employee Estimated Net Cost</u>
Single	\$402.61	\$57	\$345.61	\$4,831.32	\$4,147.32	\$684	37.00%	\$253.08	\$430.92
Two Party	\$966.25	\$137	\$829.25	\$11,595.00	\$9,951.00	\$1,644	37.00%	\$608.28	\$1,035.72
Family	\$1,207.83	\$171	\$1036.83	\$14,493.96	\$12,441.96	\$2,052	37.00%	\$759.24	\$1,292.76

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

Mail order 2 copays (90 day supply)