

**2012-2013  
Premium Rates**

Medical Insurance Plan	Total Premium	Employer Portion	Employee Portion Per Payroll Period		
			10 months	12 months	26 Bi-weekly
<b>ICHP PPO - Base Plan</b>					
<b>\$25/\$40 copay/specialist</b>					
<b>25/50/75rx, \$100 deductible</b>					
<b>deductible \$1000; 80/20 coinsurance to \$5000</b>					
Single	530.05	530.05	0.00	0.00	0.00
2 Party	1,192.50	894.38	357.75	298.13	137.60
Family	1,395.31	1,046.48	418.59	348.83	161.00
<b>ICHP PPO - Buy Up Plan</b>					
<b>\$25 copay</b>					
<b>25/50/75rx, \$100 deductible</b>					
<b>deductible \$500; 80/20 coinsurance to \$5000</b>					
Single	557.70	501.93	66.92	55.77	25.74
2 Party	1,257.03	829.64	512.87	427.39	197.26
Family	1,472.52	971.86	600.79	500.66	231.07
<b>Dearborn National Dental Low Option 100/90</b>					
Single	28.11	0.00	33.73	28.11	12.97
Employee/Spouse	56.36	0.00	67.63	56.36	26.01
Employee/Children	73.53	0.00	88.24	73.53	33.94
Family	101.78	0.00	122.14	101.78	46.98
<b>Dearborn National Dental High Option 100/90/50</b>					
Single	44.34	0.00	53.21	44.34	20.46
Employee/Spouse	87.26	0.00	104.71	87.26	40.27
Employee/Children	96.03	0.00	115.24	96.03	44.32
Family	138.95	0.00	166.74	138.95	64.13
<b>Avesis Advantage Enhanced Vision Care</b>					
Employee	7.53	0.00	9.04	7.53	3.48
Employee + One	13.18	0.00	15.82	13.18	6.08
Employee + Family	19.57	0.00	23.48	19.57	9.03

Refer to reverse side for Plan descriptions