

Monthly Full Cost Premium Rate Chart

Effective January 1 – December 31, 2012

Receive a PHA Medical Plan Premium Credit up to \$360 annually (\$30/monthly pay; \$13.85/biweekly pay) by completing the Your Plan for Health (YP4H) Personal Health Assessment (PHA). To complete the PHA, log in to YourPlanForHealth.com and click *Personal Health Assessment* under *Get Started*.

Employee, Spouse, and Dependent Children Rates

Coverage Level	Prime Care Advantage	Prime Advantage Value	Prime Advantage Plus	Independent Choice	Prime Care Connect ¹	Out-of-Area Plan ¹	Dental Plan	Vision Plan
Enrollee Only	\$486.09	\$445.55	\$550.66	\$672.97	\$534.74	\$486.09	\$22.86	\$7.78
Enrollee + Children	\$899.27	\$824.27	\$1,018.72	\$1,244.99	\$989.27	\$899.27	\$42.29	\$14.41
Enrollee + Spouse	\$1,020.79	\$935.66	\$1,156.39	\$1,413.24	\$1,122.95	\$1,020.79	\$51.44	\$17.53
Family	\$1,519.03	\$1,392.34	\$1,720.81	\$2,103.03	\$1,671.06	\$1,519.03	\$77.95	\$26.11

Employee, Dependent Children, Same-Sex Domestic Partner, and Same-Sex Domestic Partner Children Rates

Coverage Level	Prime Care Advantage	Prime Advantage Value	Prime Advantage Plus	Independent Choice	Prime Care Connect ¹	Out-of-Area Plan ¹	Dental Plan	Vision Plan
Enrollee + Same-Sex Domestic Partner	\$1,020.79	\$935.66	\$1,156.39	\$1,413.24	\$1,122.95	\$1,020.79	\$51.44	\$17.53
Enrollee + Children + Same-Sex Domestic Partner	\$1,519.03	\$1,392.34	\$1,720.81	\$2,103.03	\$1,671.06	\$1,519.03	\$77.95	\$26.11
Enrollee + Same-Sex Domestic Partner + Same-Sex Domestic Partner's Children	\$1,519.03	\$1,392.34	\$1,720.81	\$2,103.03	\$1,671.06	\$1,519.03	\$77.95	\$26.11

¹ Enrollment in these plans requires meeting certain criteria and special application.

Life Insurance: \$23.00

Long-Term Disability: \$15.04