

Group Insurance Premiums – FY2010

HEALTH INSURANCE PREMIUMS

Employees pay a monthly premium for their health insurance coverage under the *Quality Care Health Plan and all Managed Care plans*. The contribution is based on the employee's annual salary as of each April 1st and does not apply to retirees, annuitants, or survivors.

| Employee Annual Salary | \$29,500 & Below | \$29,501-\$44,600 | \$44,601-\$59,300 | \$59,301-\$74,200 | \$74,201 & Above |
|--|------------------|-------------------|-------------------|-------------------|------------------|
| Monthly Employee Contribution for Managed Care/OAP | \$47.00 | \$52.00 | \$54.50 | \$57.00 | \$59.50 |
| Monthly Employee Contribution for Quality Care | \$72.00 | \$77.00 | \$79.50 | \$82.00 | \$84.50 |

In addition to the employee's premium, there is an additional premium for dependent coverage as shown below.

| CARRIER* | Member Coverage | One Dependent | Two Or More Dependents |
|--|-----------------|---------------|------------------------|
| Quality Care Health Plan (D3) | See Chart Above | \$196.00 | \$226.00 |
| Health Alliance HMO (AH) | See Chart Above | \$94.00 | \$133.00 |
| Humana Benefits of IL (CA) (formerly OSF Health Plan) | See Chart Above | \$92.00 | \$130.00 |
| HealthLink Open Access (CF) | See Chart Above | \$105.00 | \$149.00 |
| Personal Care (AS) | See Chart Above | \$92.00 | \$130.00 |

Premiums for Managed Care Plans outside McLean County are available in the Benefit Choice Booklet.

DENTAL INSURANCE PREMIUMS*

| DENTAL PLAN | Member Only | Member & One Dependent | Member & Two+ Dependents |
|--------------------------|-------------|------------------------|--------------------------|
| Quality Care Dental (D6) | \$11.00 | \$17.00 | \$19.50 |

The other choice for the dental plan is to opt out. Cannot re-enroll until the next Benefit Choice period.

*Does not apply to Annuitants.

LIFE INSURANCE PREMIUMS

The state-paid basic level of life insurance is 100 percent of an employee's basic annual salary. New members may purchase additional insurance for 1-4 times their state provided amount without medical certification and 5-8 times with medical certification up to a maximum of \$3,000,000. Employees may supplement their life insurance by purchasing optional accidental death and dismemberment insurance up to 5 times their annual salary. The monthly premiums for these coverages are shown below as a rate per thousand dollars of coverage. Life insurance of \$10,000 is also available for your spouse (\$6.94/month) and dependent children (\$0.52/month).

| AGE GROUP | <30 | 30-34 | 35-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80-84 | 85 -89 | 90+ | AD&D |
|---------------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|--------|-------|
| MONTHLY RATES | \$.06 | \$.08 | \$.10 | \$.16 | \$.24 | \$.48 | \$.72 | \$1.38 | \$2.52 | \$3.52 | \$4.20 | \$5.20 | \$6.50 | \$.02 |

Health Plan Comparison – FY2010

| Benefit | QCHP | HMO | OAP Tier I | OAP Tier II | <i>OAP Tier III (Out-of- Network)</i> |
|---|---|---|---|--|--|
| Annual Plan Deductible Must be satisfied for all services | (salary based premium) Salary Ded. • < \$59,300 \$300 • \$59,301 to \$74,200 \$400 • >\$74,201 \$450 | \$0 | \$0 | \$200 Per Enrollee | <i>\$300 Per Enrollee</i> |
| Annual Out-of-Pocket Maximum • Per Enrollee • Per Family | General: • \$1,200 per enrollee • \$3,000 per family/plan year Non-PPO Hospital: • \$4,400 per enrollee • \$8,800 per family/plan year | Some HMOs may have benefit limitations on a calendar year | Not Applicable | \$600 \$1,200 | <i>\$1,500 \$3,500</i> |
| Other Deductibles/Co-payments: Emergency Room | \$400 per visit | \$200 per visit | \$200 per visit | 90% of network charges for covered services after \$200 co-payment per visit | <i>80% of U&C for covered services after lesser of \$200 co-payment per visit or 50% of U&C*</i> |
| Non-PPO/Out-of-Network Hospital Admission | \$300 per admission | Check with HMO | Not Applicable – See Tier III for benefit level | Not Applicable – See Tier III for benefit level | <i>\$300</i> |
| Inpatient | 90% - PPO 80% or 65% - Non-PPO \$50 deductible | \$275 co-payment Per admission | \$275 co-payment Per admission | 90% of network charges** after \$325 co-payment per visit | <i>80% of U&C* after \$425 co-payment per admission</i> |
| Outpatient Surgery | 90% for PPO Network Provider | \$175 co-payment | \$175 co-payment Per visit | 90% of network charges** after \$175 co-payment | <i>80% of U&C* after \$175 co-payment</i> |
| Diagnostic Lab & X-ray | 90% of U&C* | 100% | 100% | 90% of network charges** for covered services | <i>80% of U&C* for covered services</i> |
| Durable Medical Equipment | 80% of U&C* | 80% | 100% | 90% of network charges** for covered services | <i>80% of U&C* for covered services</i> |
| Physician Office Visit | 90% of negotiated fee -PPO 70% of U&C* Non-PPO | \$15 co-payment | \$15 co-payment | 90% of network charges** for covered services | <i>80% of U&C* for covered services</i> |
| Specialist Office Visit | N/A | \$20 co-payment | \$20 co-payment | 90% of network charges** for covered services | <i>80% of U&C* for covered services</i> |
| Preventative Services | 80% or 100% for specific services | \$15/\$20 co-payment | \$15 co-payment | 90% of network charges** for covered services | <i>Covered Under Tier I & II only</i> |
| Home Health Care (skilled care visits) | 80% of U&C* | \$20 co-payment | \$20 co-payment | 90% of network charges** for covered services | <i>Covered Under Tier I & II only</i> |
| Hearing Exams and Aids (covered by all health plans) | <i>Up to a maximum of \$150 for audiologist fees and \$600 for hearing aids – benefit available once every 3 years.</i> | | | | |
| Plan Year Maximum Benefit | Unlimited | Unlimited | Unlimited | Unlimited | <i>\$1,000,000</i> |
| Lifetime Maximum Benefit | Unlimited | Unlimited | Unlimited | Unlimited | <i>\$1,000,000</i> |
| * <i>Unusual & Customary (U&C) is an amount determined by the health plan administrator not to exceed the general level of charges being made by providers in the locality where the charge is incurred when furnishing like or similar services, treatment, or supplies for a similar medical condition.</i> | | | | | |
| ** <i>Network Charges are the amount the plan determines is the appropriate charge for a covered service.</i> | | | | | |