CITY OF PLANO

BENEFITS PLAN MONTHLY CONTRIBUTION RATES
Effective January 1, 2011

Plan	Coverage Category	City Contribution	Employee Contribution	UHC Total	COBRA
MEDICAL					
UHC - Core Plan	Employee Only	$448	$50	$498	$507.96
	Employee + Spouse	$1,040	$248	$1,288	$1,313.76
	Employee + Children	$765	$156	$921	$939.42
	Family	$1,466	$390	$1,856	$1,893.12
DENTAL					
UHC	Employee Only	$20.16	$13.44	$33.60	$34.27
	Employee + Spouse	$33.60	$33.60	$67.20	$68.54
	Employee + Children	$40.32	$44.52	$84.84	$86.54
	Family	$57.80	$71.16	$128.96	$131.54
VISION					
UHC Vision	Employee Only	$0.00	$9.68	$9.68	$9.87
	Employee + Spouse	$0.00	$15.48	$15.48	$15.79
	Employee + Children	$0.00	$15.84	$15.84	$16.16
	Family	$0.00	$25.48	$25.48	$25.99

PHARMACY

Caremark		**Coinsurance**	**Minimum**	**Maximum**
Retail	Tier 1	15%	$6	$15
	Tier 2	25%	$30	$45
	Tier 3	40%	$45	$60
Mail	Tier 1	15%	$12	$30
	Tier 2	25%	$60	$90
	Tier 3	40%	$90	$120
Per 30 day supply	Specialty Drugs		$120	$120

$2500 Max. OOP/Participant
$100 Family Deductible