

What's New For This Plan Year ■ 2012

At-a-Glance ...

All Open Enrollment information is available from the BCPS web site at <http://www.bcps.org/offices/benefits/> by clicking on the Open Enrollment link.

Here is a Look at What's New for 2012

- CIGNA Open Access Plus In-Network (OAPIN) is available for 2012. This plan includes an Open Access Plan that requires an in network use of doctors. This is similar to a HMO but the use of a Primary Care Physician is not required and referrals are not required. CIGNA maintains a world wide network.
- CIGNA Open Access Plus (OAP) is available for 2012. This plan allows for in network or out of network use of doctors. This plan is similar to a PPO plan. A Primary Care Physician is not required and referrals are not required.
- Dependents may be covered until the end of the month they turn age 26 for all benefit programs. Dependents are eligible as long as they do not have coverage available from their employer.
- Student certification for dependents is no longer required.
- Flexible Spending Accounts can no longer be used for Over-the-counter drugs unless a prescription is provided. Please review pages 77-78 for details.
- CareFirst Davis will be the carrier for our vision benefits.
- Whole Life Insurance with Long Term Care and Critical Illness Insurance are available for all employees. Please see pages 54-55 for more details.
- Employees hired on or after January 1, 2011 are not eligible to join CareFirst Triple Choice MPOS.
- Premium costs have changed for 2012.

Here's What's Not Changing

- CareFirst Blue Cross Blue Shield Triple Choice MPOS is still available for 2012.
- For all active full-time employees BCPS pays 90% of the cost for medical coverage and 65% of the lowest cost dental plan. These cost "splits" remain unchanged.
- **Employees who wish to maintain their current benefit choices do not need to complete a benefit enrollment form. Your selections will be established for 2012.**
- If you are participating in the Flexible Spending Account (FSA), you **must** fill out an FSA election form for 2012.

Life, Optional Life, Dependent Life and Personal Accident Insurance

Several changes have been made to the employee life insurance and personal accident insurance (PAI) benefits. Effective September 1, 2009, the basic life insurance and optional life insurance carrier changed from MetLife to The Prudential Insurance Company of America (Prudential). Prudential is the carrier for the PAI plan.

Prudential will also provide a new travel assistance program to all employees covered by basic life insurance. This program, offered through AXA, is a travel assistance service provided to all employees and dependents while traveling internationally or domestically over 100 miles from home. The program provides medical, travel, legal and financial assistance 24 hours a day, 365 days a year. It assists travelers with: (1) general information about visa, passport, inoculation requirements and local customs; (2) legal referrals; (3) pet boarding facilities, travel homes for pets and pet friendly hotel accommodations; (4) lost document and luggage assistance; (5) emergency cash/bail assistance; (6) 24-hour pre-departure information (weather, currency, holidays); (7) urgent message transmission; and (8) political evacuation.

The return of remains (repatriation) benefit is included for employees who elect the optional PAI coverage. If the loss of life occurs outside a 100 mile radius from your home, the plan pays whichever is less: the cost to return your remains or \$5,000. The return of remains benefits can include embalming, cremation, coffin, and transportation of remains.

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New Voluntary Benefits

- ING Employee Benefits, Reliastar Life Insurance Company — Whole Life Insurance with long term care rider.
- Transamerica Life Insurance Company — Critical Illness Insurance.

Over the years BCPS employees have expressed an interest in long-term care benefits as well as portable life insurance coverage. Additionally, there was a need to provide a more broad cancer insurance type benefit. After a complete review of an array of voluntary products available in today's marketplace, BCPS identified these two programs as the voluntary benefit offerings that will be made available this year for BCPS employees.

If you have questions about these programs, please visit our Website at www.bcps.org/offices/benefits.

Background on Flexible Spending Accounts

A Flexible Spending Account (FSA) allows you to pay for certain medical and/or dependent care expenses with pre-tax dollars. Because you will not pay any Federal, State*, Local*, FICA or Medicare taxes on this income, you can save about \$30 for every \$100 you elect to defer.

There are two types of FSAs. The Medical Care FSA helps you pay for medically necessary expenses not covered or only partially covered by your health, dental and/or vision insurance. The Dependent Care FSA helps you pay for certain dependent care expenses, such as day care for a child or elderly adult.

If you spend your own money on:

- Copays
- Deductibles
- Coinsurance
- Prescription drugs
- Over-the-counter bandages
- Dental care and orthodontic expenses
- Vision care, eyeglasses and contact lenses
- Day care (for children or elderly adult)
- Before and/or after school care
- Summer day camp

You can save 30% on these and other costs by enrolling in a Flexible Spending Account.

How Flexible Spending Accounts Will Save You Money

Most of us have expenses for medical services and supplies that are not fully covered by insurance or reimbursed by any other sources. Also, some of us have childcare or eldercare expenses that we incur so that we can work. If you anticipate expenses in either of these categories, enrolling in a FSA can save you money.

When you participate in an FSA, you elect to have a specific amount of dollars deducted from your gross earnings (before tax) each pay period. Participating in both accounts will result in two separate payroll deductions. By contributing pre-tax dollars, you lower your taxable income and increase your spendable income! In fact, by participating you are actually using dollars you would have paid in taxes to help pay for your medical and/or dependent care costs.

Sample Health Care Expenses	Your Cost Without a FSA	Your Cost With a FSA	Your Estimated Out-of-Pocket Savings*
Doctor Copay	\$20.00	\$14.00	\$6.00
Specialist Copay	\$30.00	\$21.00	\$9.00
PPN Generic Retail Rx Copay	\$10.00	\$7.00	\$3.00
HMO Brand Retail Rx Copay	\$25.00	\$17.50	\$7.50
Over-the-Counter Bandages	\$10.00	\$7.00	\$3.00
Monthly Diabetic Supplies	\$100.00	\$70.00	\$30.00
Monthly Orthodontic Payment	\$125.00	\$87.50	\$37.50
Eyeglasses	\$300.00	\$210.00	\$90.00
Laser Eye Surgery	\$2,500.00	\$1,750.00	\$750.00

* Assumes a 15% tax bracket

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Sample Dependent Care Expenses	Your Cost Without a FSA	Your Cost With a FSA	Your Estimated Out-of-Pocket Savings*
Daycare for child under age 13	\$5,000.00	\$3,500.00	\$1,500.00
Before/After School Care	\$4,000.00	\$2,800.00	\$1,200.00
Summer Camp	\$2,400.00	\$1,680.00	\$720.00
Disabled/Elder Adult Daycare	\$5,000.00	\$3,500.00	\$1,500.00

*Assuming 15% Federal Tax Bracket

Below are some examples of how much YOU can save on your everyday expenses.

Planning Your Election

Here are just a few strategies you can use to be sure that you are making every penny count in your FSA:

- **Plan ahead when enrolling.** Base your contribution on your anticipated expenses for the plan year which are not covered by other insurance or benefit plans.
- **Look back to last year.** One way to estimate those expenses is to look back at the health care and dependent care expense you paid out of your own pocket during the past year. This can be the starting point for your annual contribution, adjusted of course for any past or future extraordinary expenses.
- **Use the attached worksheet.** For an online worksheet, visit www.hfsbenefits.com.
- **Look outside your health plan.** Many health care plans offer some, but not full, coverage for certain expenses such as laser eye surgery, orthodontia, some over-the-counter medical supplies.
- **Evaluate your home pharmacy.** Throw away all expired over-the-counter (OTC) medications and the next time you visit your health care provider, ask for a prescription for the OTC medicines that you use on a regular basis including aspirin, allergy medication, antacids, etc. Band-aids, contact lens solution and other OTC items that are not medications can be reimbursed without a prescription.
- **Be Conservative.** Any unused funds cannot carry forward to the next plan year and are forfeited.

Participation in a FSA is not automatic.

You must re-enroll annually during open enrollment. Monies remaining in the account 90 days after the end of the plan year cannot be returned. The last day for filing claims is March 31st.

Enrolling in The Plan

- Make your election during open enrollment (or when you first become eligible).
- Determine your election amount(s) by using the FSA worksheet.
- Elect up to the plan maximums.
- Remember you do not have to participate in the health plan to be eligible for the FSA.
- Annual election(s) will be deducted equally pre-tax over the course of your plan year.

FSA Debit Card

Participating in a FSA with a Debit Card has many advantages! Look at what the card can do for you.

- Eliminates the need of filling out claims forms and waiting for a reimbursement check.
- Most transactions will not require supporting documentation.
- HFS Benefits will send you a monthly statement if you have to remit documentation.
- If you choose not to use the card or if your provider does not accept MasterCard, you can pay out-of-pocket and submit for reimbursement.

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It's Easy To Participate in an FSA

1. Use the worksheet(s) to determine the amount of money you will spend for medical and/or dependent care for you and your dependents in the upcoming plan year.
2. Once you determine the amount, complete the enrollment process with your employer.

Dependent Care FSA

Use this worksheet to estimate your eligible child and dependent care expenses. Eligible dependents include your dependent children through age 12, your spouse or other dependent who is physically or mentally disabled and spends at least 8 hours a day in your home. The annual pre-tax contribution limit is the lesser of \$5,000, the employee's earned income for the year or the spouse's earned income.

Sample Dependent Care FSA Expenses	Estimated Annual Amount
Dependent Care Center Fees (qualifying child or adult day care)	\$
Nursery/Preschool Fees (excluding Kindergarten)	\$
Before and/or After School Care	\$
Private Sitter (in your own or someone else's home)	\$
Summer Day Camp	\$
Caregiver's Wages and Employer Taxes	\$
Total – Use this amount as a guideline for your upcoming election	\$

Medical FSA

Use this worksheet to estimate eligible medical expenses that you, your spouse and your qualified dependents may incur during the plan year. The worksheet below contains some of the most common expenses. For a more comprehensive list of eligible expenses, please see the FSA Expense Guide.

Sample Medical FSA Expenses	Estimated Annual Amount
Medical Insurance Deductibles	\$
Office Visit Copays	\$
Prescription Drugs/Copays	\$
Emergency Room or Urgent Care Copays	\$
Physical Therapy/Chiropractic Care	\$
Well Baby Care	\$
GYN Exams	\$
Physicals	\$
Immunizations	\$
Hearing Exams	\$
Hearing Aids/Batteries	\$
Prescription (OTC) Medications	\$
Special Education Tuition	\$
Dental Insurance Deductibles	\$
Exams	\$
Fillings	\$
Root Canals	\$
Crowns	\$
Bridges	\$
Dental Implants	\$
Dentures	\$
Orthodontic Payments/Braces	\$
Vision Exams	\$
Eyeglasses	\$
Contact Lenses/Supplies	\$
Prescription Sunglasses	\$
Laser Eye Surgery	\$
Total – Use this amount as a guideline for your upcoming election	\$

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Medical Flexible Spending Account Expenses Guide

Only health care expenses not reimbursed by insurance or any other source can be claimed.

A

Acne treatment (non-cosmetic) †
Acupuncture (excluding remedies and treatments prescribed by acupuncturist)
Air purifier †
Alcoholism treatment
Alternative healer †
Ambulance
Artificial limbs/teeth

B

Birthing classes (portion related to birthing)
Blood pressure monitor
Blood sugar test kit
Body scan
Braille books and magazines
Breast pump †
Breast reconstruction surgery following a mastectomy

C

Chemotherapy
Chiropractor
Christian Science practitioner services
Copayments
Coinsurance
Computer storage of medical records
Contact lenses and solutions
Counseling
Crutches

D

Deductibles
Dental services (non-cosmetic)
Dentures/artificial teeth
Diagnostic fees and services
Drug addiction/overdose treatment
Drug and medical supplies**

E

Ear plugs (for medical condition) †
Equipment for the handicapped
Eye drops**
Eye examination
Eye surgery (i.e. cataracts, LASIK, etc.)
Eyeglasses (prescribed)

F

Fluoridation device
Flu shots

G

Gambling addiction treatment
Genetic testing (to determine medical defects) †
Glucose monitor

H

Hearing devices and batteries
Hearing tests
Holistic and natural healer services †
Home care nursing services
Hormone therapy treatment for menopause †
Hospital expenses (non-cosmetic)

I

Immunizations
Insulin

L

Laboratory fees
Lactation consultant services †
Lamaze classes (portion related to birthing)
Language training (for disabled individual) †
Laser eye surgery
Learning disability expenses (fees to school or specially trained tutor) †

M

Massage therapy †
Medical conference (admission and transportation)
Medical expenses in excess of usual, customary and reasonable (UCR)
Medical record charges

N

Nasal sprays**
Norplant (insertion or removal of device)
Nutritionist expenses †

O

Obstetrical expenses
Occlusal guard (to prevent teeth grinding)
Occupational therapy
Oral surgery
Orthodontic expenses
Orthopedic devices
Over-the-counter** medications (not to include nutritional supplements, cosmetic care items or items primarily used for general health)
Oxygen

P

Pap smears
Physical exams (not employment related)
Physical therapy (for specific medical condition)
Prescription medicines (non-cosmetic)
Prescription sunglasses
Prenatal vitamins (prescription)
Prosthesis
Psychiatric/Psychological care

R

Radial keratotomy
Routine physicals

S

Safety glasses (prescription only)
Schools and education (special) †
Screening test for medical diagnosis

Seeing-eye dog (purchase, training & care)
Sleep deprivation treatments †
Smoking cessation program
Sunglasses (prescription)
Supplies to treat a medical condition
Surgical fee (non-cosmetic)

T

Taxes on medical services and products
Therapy, for medical care only
Transplant expenses (surgical, hospital, laboratory and transportation expenses for organ donor)
Transportation and travel expenses for person receiving medical care

U

Umbilical cord (collection, freezing and storage for imminent use to treat a specific medical condition)

V

Varicose vein treatment (non-cosmetic)
Vaccines
Vision correction procedures
Vitamins (prescription)

W

Weight loss drugs/programs (associated with a certain disease) †

X

X-rays

† Physician's note must indicate the specific medical condition, the medical item/treatment recommended to treat the medical condition, the expected duration of the condition and that the medical item is not for cosmetic purposes.

Dependent Care Flexible Spending Account Expenses Guide

Only dependent care expenses provided for an eligible IRS tax dependent can be claimed.

Adult daycare facility
After-school programs
Before-school programs
Caregiver's wages and employer taxes
Dependent care in someone else's home
In-home dependent care
Licensed childcare facility
Montessori school (prior to kindergarten age)
Nursery school
Pre-school
Private school (prior to kindergarten age)
Summer day camp
Toddler programs
Transportation provided by dependent care provider to/from dependent care location

** Important: Effective January 1, 2011, all purchases for over-the-counter (OTC) drugs and medications will require a prescription for reimbursement.



Options

When You Choose the CareFirst Triple Choice Plan



In addition to the Options program, the Blue Cross and Blue Shield Association gives you access to even more discounts through Blue365. Blue365 also provides tools and guides to help you learn more about wellness services that go beyond your covered services. There are four key areas of Blue365:

- Health and Wellness
- Family Care
- Health-Focused Financial Services
- Travel Information

Want to know more about what Blue365 has to offer? Look for the list of Blue365 vendors and resources on a special Web site designed just for CareFirst members. It's all available at www.carefirst.com/options. You can also call Member Services for more information on Blue365.

The Options Discount Program opens the door to discounts on a broad range of alternative therapies and wellness services.

Options is a free program for CareFirst BlueCross BlueShield members. Because it is a discount program, not a benefit under your medical plan, there are no claim forms, referrals or paperwork to fill out.

To save, just show your health plan ID card and pay the provider's fee at the time of service or visit the special members' Web site for online programs. New services are continually added to the Options program.

Visit www.carefirst.com/options for the latest provider list and more information on each provider's discount or service.

This program is not offered as an inducement to purchase a policy of insurance from CareFirst BlueCross BlueShield. CareFirst BlueCross BlueShield does not underwrite this program because this program is not an insurance product. No benefits are paid by CareFirst BlueCross BlueShield under this program.

Health Information on the Internet

Visit our own online, interactive guide for health related topics, called *My Care First*. This site offers information on nutrition, fitness, chronic illnesses, stress, mental health and much more. You'll also find support if you're trying to lose weight, quit smoking or manage your chronic illness. Check it out at www.carefirst.com to learn how you can maintain a healthier lifestyle.

E-Health Newsletter

CareFirst members have access to an online health newsletter called Health News. Information includes: 'Find a Doctor', Options discount program, *My Care First* health, wellness articles, and a link to the eHealthy Cooking video of the month.



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Options Program Directory	
Alternative Health & Wellness Services	Discounts up to 30% on acupuncture, chiropractic care, guided imagery, massage therapy, yoga, nutritional counseling, personal training and more. Discounts also available on fitness center memberships, spa services and magazines.
	Healthways WholeHealth Networks, Inc. (800) 514-6502 http://options.wholehealthmd.com
Eldercare Information & Referrals	Referrals for services for elders and their families (home health care, home support, assisted living, adult day care, long term care, nursing home options, etc.)
	ElderCarelink (866) 451-5577 www.eldercarelink.com/carefirst
Fitness Centers	Discounts on gym memberships
	GlobalFit (800) 294-1500 www.globalfit.com
	National Fitness Network (800) 811-5454 www.nationalfitnessnetwork.com
Hearing Care	Free screenings, discounts on equipment and more
	Beltone (800) 235-8663 www.beltone.com
	TruHearing (877) 587-3937 www.truhearing.com
Laser Vision Correction & Contact Lenses*	Discounts on laser vision correction and 100% patient financing with approved credit
	QualSight LASIK (877) 285-2010 www.qualsight.com/-carefirst
	TruVision (800) 398-7075 www.truvision.com/carefirst/LASIK.htm <i>*Also offers discounts on mail-order contact lenses</i>
Medical IDs	22% discount on personalized medical ID bracelets and necklaces
	American Medical ID (800) 363-5985 www.americanmedical-id.com/extras/carefirst.php
Weight Loss & Management	Discounts on nationally recognized weight loss plans
	Weight Watchers Online [®] www.weightwatchers.com/cs/cfbcb
	Jenny Craig [®] (800) 96-JENNY www.jennycraig.com/corporatechannel/carefirst.aspx

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CareEssentials Disease Management Program

It touches your family, your job and your life in many ways. That's why your employee benefits package now includes the *CareEssentials* Disease Management program. This valuable program can make life easier and more fulfilling – all at no additional cost.

The *CareEssentials* Disease Management program is a personalized, confidential and voluntary program that helps people with conditions like diabetes or asthma manage their overall health. Highly trained nurses provide one-on-one telephone support and health information.

The Benefits of an Experienced Team

The *CareEssentials* Disease Management team is available to support your relationship with your physician, not replace it. They will keep your doctor informed of your progress in the program and ensure coordination of care. Your team will educate and support you as you learn to better manage your health.

How it Works

After you have registered for the *CareEssentials* Disease Management Program, services will include:

- Periodic calls from the *CareEssentials* Disease Management team to support your self-care efforts.
- Educational materials.
- Reminders to schedule important appointments.
- Direct access to assigned nurse case manager.

Your *CareEssentials* Disease Management Program is Available for These Conditions:

- Diabetes
- Asthma
- Congestive Heart Failure
- Coronary Artery Disease
- Chronic Obstructive Pulmonary Disease (COPD)

To enroll in one of these programs, or to get additional information, please call 1-888-264-8648 or 410-605-2623.

CareFirst National Dental Provider Network

CareFirst BlueCross BlueShield offers a national network of dental providers. This dental solution accesses the regional CareFirst provider networks across the country and is an upgrade to your CareFirst dental benefits at no additional cost. Some of the benefits include:

- A national network of dental providers for groups that have employees throughout the country.
- More than 100,000 participating dentist locations nationwide.
- Access to the same experienced, dedicated dental claims and service unit.
- No claim forms to file when you receive in-network care.

The CareFirst Triple Choice plan MPOS and Kaiser Permanente HMO's are "experience-rated", which means that rate increases are calculated based upon the usage and cost trends of the claims paid for all employees and dependents covered in each plan. A large rate increase is indicative of a higher incidence and/or higher dollar amount of the claims submitted for the experience period.

Also keep in mind that you pay premiums on a pre-tax basis, so the actual dollar increases will have less of an impact on your final take-home salary than you may expect.

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Know what's important to you

Programs and services that help you make the most of your CIGNA health plan and support your well-being.

Mycigna.com – your secure portal for benefit information and resources

Nothing is more important than understanding your benefits and your good health. That's why there's www.myCIGNA.com – your online home for assessment tools, provider search engine, explanation of benefits paid, medical updates and much more.

So get ready to click with a site that clicks with you.

How to register:

- Step 1 – Enter www.myCIGNA.com in the web address line on your browser.
- Step 2 – Click on the Register button.
- Step 3 – Enter personal details.
- Your Member ID number is printed on your ID card. Upon entering personal information a Confirmation Page should then appear. Click “Accept” if all information is accurate.
- Step 4 – Complete your Demographic and Security Information data. Click “Continue”.
- Step 5 – Confirm your identity.
- Step 6 – Review and submit.

24 Health Information Line – 24-hour guidance on medical treatment

Dial the toll-free number on your CIGNA ID card and you'll be connected directly to a nurse who is ready to help answer your health questions. Nurses can offer detailed answers to your health questions, and help you decide where and when to seek medical attention. You can also listen to hundreds of our latest podcasts in English and Spanish to help you stay informed.

Healthy Rewards – complimentary discounts

If you have CIGNA coverage, the choice to use Healthy Rewards is entirely yours. The program is separate from your coverage, so the services don't apply to your plan's copays or coinsurance. No doctor's referral is required – and no claim forms, either. Set the appointments yourself, show your ID card when you pay for services and enjoy the savings.

Health Assessment – personalized report about your health

The health assessment can give you an idea of the current state of your health. Based on your responses, you'll also learn if you are at any risk for certain conditions like diabetes or high blood pressure. It will also help you understand what you can do to maintain and improve your health.

To start. Go to www.myCIGNA.com and select Take my health assessment and follow the registration instructions until you reach my health & wellness center. Select Take my health assessment now and follow the steps through the questionnaire.

When taking the health assessment, know the following: your blood pressure, total cholesterol, HDL cholesterol, height, weight, and waist circumference. If you don't know these, you can answer, “I'm not sure”, but answering all questions produces the best results.

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CIGNA Well Aware – *special care for chronic conditions*

We all have days filled with responsibilities. But if you're also coping with a chronic health condition, you may have even more of a challenge. That's why we're offering CIGNA Well Aware for Better Health®, a confidential, free resource to help you. Well Aware gives you personalized support from health advocates trained as nurses who specialize in your condition.

Participating in Well Aware can help you:

- Understand your condition and medications.
- Get answers to your questions and concerns.
- Develop a personal plan to better manage your condition.

Support is available for the following conditions:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Heart disease
- Low back pain

To participate in this free program:

Simply pick up the phone when the Well Aware health advocate calls you. If you have caller ID, it will read "Your Health Plan." Or call the Well Aware team toll-free at 1.866.797.5833, if you have a chronic health condition, but have not received a call.

Medical and Dental Contribution Changes

	9/1 to 12/31/2011 Your bi-weekly Deduction	1/1 to 12/31/2012 Your bi-weekly Deduction*	\$ Change in Your bi-weekly Deduction
Medical Insurance**			
CareFirst BlueCross BlueShield Triple Choice/MPOS			
Individual	\$35.37	\$37.41	\$2.04
Parent/Child	70.09	74.12	4.03
Two Adults	84.42	89.28	4.86
Family	95.12	100.66	5.54
CIGNA OAPIN (In Network)			
Individual	\$29.60	\$28.27	\$(1.33)
Parent/Child	58.65	56.02	(2.63)
Two Adults	70.65	67.47	(3.18)
Family	79.65	76.07	(3.58)
CIGNA OAP (In/Out Network)			
Individual	\$31.44	\$31.92	\$0.48
Parent/Child	62.30	63.24	0.94
Two Adults	75.04	76.17	1.13
Family	84.61	85.88	1.27
Kaiser Permanente HMO (Maryland only)			
Individual	\$29.70	\$32.85	\$3.15
Parent/Child(ren)	56.43	65.08	8.65
Two Adults	69.80	78.38	8.58
Family	89.11	88.38	(0.73)
Dental Insurance**			
CareFirst Regional Dental PPO			
Individual	\$4.85	\$4.99	\$0.14
Parent/Child or Two Adults	10.51	10.81	0.30
Family	15.94	16.39	0.45
CareFirst Regional Dental Traditional			
Individual	\$6.70	\$6.89	\$0.19
Parent/Child or Two Adults	13.41	13.80	0.39
Family	25.73	26.47	0.74
CIGNA Dental DHMO			
Individual	\$10.19	\$9.93	\$(0.26)
Parent/Child(ren) or Two Adults	17.28	16.72	(0.56)
Family	25.73	24.88	(0.85)
Vision Insurance			
CareFirst Davis Vision			
Family (includes Parent/Child and Two Adults)	\$4.85	\$4.85	\$-

* All employee benefits deductions are based upon 20 pay periods.

** Domestic Partner benefits may be subject to imputed income