

## Medical, Dental, and Vision Deductions for Full-Time Annual Employees 1/1/2012 – 12/31/2012

	Total Premium or Equivalent	Board Annual Share	Your Annual Share	Your Bi-Weekly Deduction*
<b>Medical Insurance**</b>				
<b>CareFirst BlueCross BlueShield Triple Choice/MPOS</b>				
Individual	\$7,482.60	\$6,734.40	\$748.20	\$37.41
Parent/Child	14,824.92	13,342.52	1,482.40	74.12
Two Adults	17,856.00	16,070.40	1,785.60	89.28
Family	20,132.04	18,118.84	2,013.20	100.66
<b>CIGNA OAPIN (In Network)</b>				
Individual	\$5,655.00	\$5,089.60	\$565.40	\$28.27
Parent/Child	11,204.04	10,083.64	1,120.40	56.02
Two Adults	13,494.72	12,145.32	1,349.40	67.47
Family	15,214.92	13,693.52	1,521.40	76.07
<b>CIGNA OAP (In/Out Network)</b>				
Individual	\$6,384.00	\$5,745.60	\$638.40	\$31.92
Parent/Child	12,648.48	11,383.68	1,264.80	63.24
Two Adults	15,234.36	13,710.96	1,523.40	76.17
Family	17,176.20	15,458.60	1,717.60	85.88
<b>Kaiser Permanente HMO</b>				
Individual	\$6,570.00	\$5,913.00	\$657.00	\$32.85
Parent/Child(ren)	13,016.40	11,714.80	1,301.60	65.08
Two Adults	15,677.88	14,110.28	1,567.60	78.38
Family	17,676.48	15,908.88	1,767.60	88.38
<b>Dental Insurance**</b>				
<b>CareFirst Regional Dental PPO</b>				
Individual	\$285.36	\$185.56	\$99.80	\$4.99
Parent/Child or Two Adults	618.12	401.92	216.20	10.81
Family	937.08	609.28	327.80	16.39
<b>CareFirst Regional Dental Traditional</b>				
Individual	\$323.28	\$185.48	\$137.80	\$6.89
Parent/Child or Two Adults	677.88	401.88	276.00	13.80
Family	1,138.56	609.16	529.40	26.47
<b>CIGNA Dental DHMO</b>				
Individual	\$384.12	\$185.52	\$198.60	\$9.93
Parent/Child(ren) or Two Adults	736.20	401.80	334.40	16.72
Family	1,106.88	609.28	497.60	24.88
<b>Vision Insurance</b>				
<b>CareFirst Davis Vision</b>				
Individual (Free if FTE is .5 or greater)	\$34.20	\$34.20	\$-	\$-
Family (includes Parent/Child and Two Adults)	131.28	34.28	97.00	4.85

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

\*\* Domestic Partner benefits may be subject to imputed income.