

# Medical, Dental, and Vision Rates for 2010 – Monthly Premiums

## Eligibility

Full-time employees are eligible for the medical and dental plans with a contribution from Denison. Full-time employees are eligible for the voluntary vision plan. Also, *part-time employees budgeted to work at least 15 hours per week are eligible to purchase a health care plan, dental plan, and vision plan, however, they must pay the total cost.* Below is a comparison of the 2010 and 2009 premium rates.

## Medical and Dental Premium Rates For Full-time Employees Earning \$60,000 or Less per Year (80%/20% Split for Family Coverage)

### Medical Premium Rates

1. Aetna Choice POS II (PPO)

2009 <u>Total</u>	2009 <u>Denison</u>	2009 <u>Employee</u>	2010 <u>Total</u>	2010 <u>Denison</u>	2010 <u>Employee</u>	
\$405.64	\$356.96	\$48.68	<b>\$410.90</b>	<b>\$361.60</b>	<b>\$49.30</b>	Employee Only
\$807.20	\$645.76	\$161.44	<b>\$817.70</b>	<b>\$654.16</b>	<b>\$163.54</b>	Employee + 1 Dependent
\$1,058.70	\$846.96	\$211.74	<b>\$1,072.46</b>	<b>\$857.98</b>	<b>\$214.48</b>	Employee + 2 or More

2. Aetna Health Fund (HRA)

2009 <u>Total</u>	2009 <u>Denison</u>	2009 <u>Employee</u>	2010 <u>Total</u>	2010 <u>Denison</u>	2010 <u>Employee</u>	
<b>\$378.32</b>	<b>\$332.92</b>	<b>\$45.40</b>	<b>\$378.32</b>	<b>\$332.92</b>	<b>\$45.40</b>	Employee Only
<b>\$752.84</b>	<b>\$602.28</b>	<b>\$150.58</b>	<b>\$752.84</b>	<b>\$602.28</b>	<b>\$150.56</b>	Employee + 1 Dependent
<b>\$987.40</b>	<b>\$789.92</b>	<b>\$197.48</b>	<b>\$987.40</b>	<b>\$789.92</b>	<b>\$197.48</b>	Employee + 2 or More

### Dental Premium Rates

1. Aetna Dental PPO Plan

2009 <u>Total</u>	2009 <u>Denison</u>	2009 <u>Employee</u>	2010 <u>Total</u>	2010 <u>Denison</u>	2010 <u>Employee</u>	
<b>\$25.04</b>	<b>\$22.04</b>	<b>\$3.00</b>	<b>\$31.26</b>	<b>\$27.52</b>	<b>\$3.74</b>	Employee Only
<b>\$49.82</b>	<b>\$39.86</b>	<b>\$9.96</b>	<b>\$62.18</b>	<b>\$49.74</b>	<b>\$12.44</b>	Employee + 1 Dependent
<b>\$65.32</b>	<b>\$52.26</b>	<b>\$13.06</b>	<b>\$81.56</b>	<b>\$65.26</b>	<b>\$16.30</b>	Employee + 2 or More

2. Aetna Dental DMO Plan

2009 <u>Total</u>	2009 <u>Denison</u>	2009 <u>Employee</u>	2010 <u>Total</u>	2010 <u>Denison</u>	2010 <u>Employee</u>	
<b>\$14.86</b>	<b>\$13.08</b>	<b>\$1.78</b>	<b>\$16.04</b>	<b>\$14.12</b>	<b>\$1.92</b>	Employee Only
<b>\$29.34</b>	<b>\$23.48</b>	<b>\$5.88</b>	<b>\$31.66</b>	<b>\$25.34</b>	<b>\$6.32</b>	Employee + 1 Dependent
<b>\$42.90</b>	<b>\$34.32</b>	<b>\$8.58</b>	<b>\$46.28</b>	<b>\$37.02</b>	<b>\$9.26</b>	Employee + 2 or More

**Medical and Dental Premium Rates**  
**For Full-time Employees Earning More Than \$60,000 per Year**  
**(75%/25% Split for Family Coverage)**

**Medical Premium Rates**

1. **Aetna Choice POS II**

2009	2009	2009	2010	2010	2010	
<u>Total</u>	<u>Denison</u>	<u>Employee</u>	<u>Total</u>	<u>Denison</u>	<u>Employee</u>	
\$405.64	\$356.96	\$48.68	\$410.90	\$361.60	\$49.30	Employee Only
\$807.20	\$605.40	\$201.80	\$817.70	\$613.28	\$204.42	Employee + 1 Dependent
\$1,058.70	\$794.02	\$264.68	\$1,072.46	\$804.34	\$268.12	Employee + 2 or More

2. **Aetna Health Fund (HRA)**

2009	2009	2009	2010	2010	2010	
<u>Total</u>	<u>Denison</u>	<u>Employee</u>	<u>Total</u>	<u>Denison</u>	<u>Employee</u>	
\$378.32	\$332.92	\$45.40	\$378.32	\$332.92	\$45.40	Employee Only
\$752.84	\$564.64	\$188.22	\$752.84	\$564.64	\$188.20	Employee + 1 Dependent
\$987.40	\$740.56	\$246.86	\$987.40	\$740.56	\$246.84	Employee + 2 or More

**Dental Premium Rates**

1. **Aetna Dental PPO Plan**

2009	2009	2009	2010	2010	2010	
<u>Total</u>	<u>Denison</u>	<u>Employee</u>	<u>Total</u>	<u>Denison</u>	<u>Employee</u>	
\$25.04	\$22.04	\$3.00	\$31.26	\$27.52	\$3.74	Employee Only
\$49.82	\$37.36	\$12.46	\$62.18	\$46.64	\$15.54	Employee + 1 Dependent
\$65.32	\$49.00	\$16.34	\$81.56	\$61.18	\$20.38	Employee + 2 or More

2. **Aetna Dental DMO Plan**

2009	2009	2009	2010	2010	2010	
<u>Total</u>	<u>Denison</u>	<u>Employee</u>	<u>Total</u>	<u>Denison</u>	<u>Employee</u>	
\$14.86	\$13.08	\$1.78	\$16.04	\$14.12	\$1.92	Employee Only
\$29.34	\$22.02	\$7.34	\$31.66	\$23.74	\$7.92	Employee + 1 Dependent
\$42.90	\$32.18	\$10.72	\$46.28	\$34.72	\$11.56	Employee + 2 or More

## Voluntary Vision Premium Rates (full-time and eligible part-time staff)

### 1. VSP Vision Plan B

2009	<u>2010</u>	
\$12.36	\$12.36	Employee Only
\$18.86	\$18.86	Employee + 1 Dependent
\$33.82	\$33.82	Employee + 2 or More

## Voluntary Dental Premium Rates (for eligible part-time staff)

### 1. Aetna Dental PPO - Voluntary

2009	<u>2010</u>	
\$25.04	\$31.26	Employee Only
\$49.82	\$62.18	Employee + 1 Dependent
\$65.32	\$81.56	Employee + 2 or More

### 2. Aetna Dental DMO - Voluntary

2009	<u>2010</u>	
\$14.86	\$16.04	Employee Only
\$29.34	\$31.66	Employee + 1 Dependent
\$42.90	\$46.28	Employee + 2 or More