



**2011 PLAN YEAR**  
**EMPLOYEE CONTRIBUTION WORKSHEET**



Mid America Administrative & Retirement

BI-WEEKLY

Client # 0

Carrier BlueCross BlueShield of Florida - NGF

Employee Type: 0

The following rates represent employee per pay period deductions for health and optional dental/vision insurance plans.

Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Blue Care® HMO1	\$ 20.70	\$ 241.52	\$ 177.74	\$ 367.92
Blue Care® HMO2	\$ 1.90	\$ 196.21	\$ 139.15	\$ 310.02
Blue Care® HMO3	\$ -	\$ 155.89	\$ 106.14	\$ 254.47
Blue Choice PPO1	\$ 39.84	\$ 283.68	\$ 211.97	\$ 426.06
Blue Choice PPO2	\$ 15.95	\$ 229.63	\$ 166.42	\$ 352.77
Blue Options PPO1 (Network Blue)	\$ 10.00	\$ 217.75	\$ 155.52	\$ 334.12
Blue Options PPO2 (Network Blue)	\$ -	\$ 167.58	\$ 113.94	\$ 268.05
Blue Options PPO3 (Network Blue)	\$ -	\$ 137.76	\$ 91.65	\$ 235.80
Blue Options HDHP1 (Network Blue)	\$ -	\$ 180.42	\$ 127.36	\$ 293.73
Blue Options HDHP2 (Network Blue)	\$ -	\$ 180.31	\$ 125.24	\$ 287.04
Guardian Dental Plan	\$ 5.00	\$ 21.16	\$ 23.46	\$ 41.46
EyeMed Vision Plan	\$ 4.04	\$ 7.50	\$ 7.50	\$ 12.46

**Please Note: Blue Options Plans use "Network Blue".**

The Blue Options High Deductible Health Plans are qualified for Health Care Savings Account (HSA) purposes.

<b>The BCBSFL HMO Plan is only available to residents of the following Florida Counties:</b>										
Alachua	Broward	Columbia	Escambia	Hernando	Levy	Miami-Dade	Orange	Pinellas	Santa Rosa	Suwannee
Baker	Charlotte	De Soto	Flagler	Hillsborough	Manatee	Nassau	Osceola	Polk	Sarasota	Volusia
Bradford	Citrus	Dade	Gilchrist	Lake	Marion	Okaloosa	Palm Beach	Saint Johns	Seminole	Walton
Brevard	Clay	Duval	Hendry	Lee	Martin	Oksechobee	Pasco	Saint Lucie	Sumter	

For questions about benefit options prior to enrollment contact the BCBSFL "Pre-Enrollment Line" at (800) 967-8938; Group Name: SOI

For questions about benefits, claims status, eligibility or provider access after enrollment please call BCBSFL at (800) 664-5295

For information regarding any other benefit issues please contact the SOI Customer Care Department at (800) 572-2412

**Additional Company Paid Benefits:**

Additional \$25,000 in Life

Long Term Disability 60% - \$5,000 a month

Short Term Disability 60% - \$1500 a week