



2012 Plan Year
 EMPLOYEE CONTRIBUTION WORKSHEET
 DRAFT



6438 - MIDAMERICA ADMIN & RETIRE Bi-weekly

Client# 6438 BCBS-FL NGF Employee Type I - STAFF

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

EMPLOYEE CONTRIBUTION WORKSHEET				
Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
BLUE CARE HMO 1 NGF - BCBS-FL NGF	\$ 26.65	\$ 270.71	\$ 197.45	\$ 404.28
BLUE CARE HMO 2 NGF - BCBS-FL NGF	\$ 6.19	\$ 220.98	\$ 155.47	\$ 341.32
BLUE CARE HMO 3 NGF - BCBS-FL NGF	\$ 0.00	\$ 176.71	\$ 119.57	\$ 280.90
BLUE CHOICE PPO 1 NGF - BCBS-FL NGF	\$ 47.46	\$ 316.98	\$ 234.67	\$ 467.52
BLUE CHOICE PPO 2 NGF - BCBS-FL NGF	\$ 21.48	\$ 257.65	\$ 185.14	\$ 387.82
BLUE OPTIONS PPO 1 NGF - BCBS-FL NGF	\$ 15.00	\$ 244.62	\$ 173.28	\$ 367.53
BLUE OPTIONS PPO 2 NGF - BCBS-FL NGF	\$ 0.00	\$ 189.55	\$ 128.05	\$ 295.66
BLUE OPTIONS PPO 3 NGF - BCBS-FL NGF	\$ 0.00	\$ 156.82	\$ 103.82	\$ 260.59
BLUE OPTIONS HDHP 1 NGF - BCBS-FL NGF	\$ 0.00	\$ 203.64	\$ 142.64	\$ 323.60
BLUE OPTIONS HDHP 2 NGF - BCBS-FL NGF	\$ 0.00	\$ 203.52	\$ 140.34	\$ 316.32
DENTAL - GUARDIAN DENTAL	\$ 5.00	\$ 22.03	\$ 24.80	\$ 43.26
VISION - EYEMED	\$ 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.

The BCBSFL HMO Plan is only available to residents of the following Florida Counties:
 ALACHUA, BAKER, BRADFORD, BREVARD, BROWARD, CHARLOTTE, CITRUS, CLAY, COLUMBIA, DE SOTO, DIXIE, DUVAL, ESCAMBIA, FLAGLER, GILCHRIST, HENDRY, HERNANDO, HILLSBOROUGH, LAKE, LEE, LEVY, MANATEE, MARION, MARTIN, MIAMI-DADE, NASSAU, OKALOOSA, OKEECHOBEE, ORANGE, OSCEOLA, PALM BEACH, PASCO, PINELLAS, POLK, SAINT JOHNS, SAINT LUCIE, SANTA ROSA, SARASOTA, SEMINOLE, ST JOHNS, ST LUCIE, SUMTER, SUWANNEE, VOLUSIA, WALTON

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.

Status: DRAFT
 Health Plan Concession - Alternate

A signed health rates memorandum must be received before these rates can be made effective.



2012 Plan Year
EMPLOYEE AND DOMESTIC PARTNER
CONTRIBUTION WORKSHEET
DRAFT



6438 - MIDAMERICA ADMIN & RETIRE Bi-weekly
Client# 6438 BCBS-FL NGF Employee Type I - STAFF

The following rates represent employee per pay period deductions for health and optional dental/vision insurance plans. In accordance with federal IRS regulations regarding qualified Section 125 dependents, employee premiums (EE Prem) will be deducted on a pre-tax basis and domestic partner premiums (DP Prem) will be deducted on a post tax basis. Therefore, paychecks for all employees who elect to cover a domestic partner will reflect two separate deductions for health coverage.

Combined Coverage Tier	Employee & Domestic Partner		Employee + Child(ren) & Domestic Partner		Employee & Domestic Partner + Domestic Child(ren)		Employee+Child(ren) & Domestic Partner + Domestic Child(ren)	
	Pre Tax EE Prem	Post Tax DP Prem	Pre Tax EE Prem	Post Tax DP Prem	Pre Tax EE Prem	Post Tax EE Prem	Pre Tax EE Prem	Post Tax DP Prem
BLUE CARE HMO 1 NGF - BCBS-FL NGF	\$ 26.65	\$ 244.06	\$ 197.45	\$ 206.64	\$ 26.65	\$ 377.64	\$ 197.45	\$ 206.84
BLUE CARE HMO 2 NGF - BCBS-FL NGF	\$ 6.19	\$ 214.78	\$ 155.47	\$ 185.85	\$ 6.19	\$ 335.13	\$ 155.47	\$ 185.85
BLUE CARE HMO 3 NGF - BCBS-FL NGF	\$ 0.00	\$ 176.71	\$ 119.57	\$ 161.34	\$ 0.00	\$ 280.90	\$ 119.57	\$ 161.34
BLUE CHOICE PPO 1 NGF - BCBS-FL NGF	\$ 47.46	\$ 269.52	\$ 234.67	\$ 232.85	\$ 47.46	\$ 420.06	\$ 234.67	\$ 232.85
BLUE CHOICE PPO 2 NGF - BCBS-FL NGF	\$ 21.48	\$ 236.18	\$ 185.14	\$ 202.68	\$ 21.48	\$ 366.34	\$ 185.14	\$ 202.68
BLUE OPTIONS PPO 1 NGF - BCBS-FL NGF	\$ 15.00	\$ 229.62	\$ 173.28	\$ 194.25	\$ 15.00	\$ 352.53	\$ 173.28	\$ 194.25
BLUE OPTIONS PPO 2 NGF - BCBS-FL NGF	\$ 0.00	\$ 189.55	\$ 128.05	\$ 167.61	\$ 0.00	\$ 295.66	\$ 128.05	\$ 167.61
BLUE OPTIONS PPO 3 NGF - BCBS-FL NGF	\$ 0.00	\$ 156.82	\$ 103.82	\$ 156.77	\$ 0.00	\$ 260.59	\$ 103.82	\$ 156.77
BLUE OPTIONS HDHP 1 NGF - BCBS-FL NGF	\$ 0.00	\$ 203.64	\$ 142.64	\$ 180.96	\$ 0.00	\$ 323.60	\$ 142.64	\$ 180.96
BLUE OPTIONS HDHP 2 NGF - BCBS-FL NGF	\$ 0.00	\$ 203.52	\$ 140.34	\$ 175.98	\$ 0.00	\$ 316.32	\$ 140.34	\$ 175.98
DENTAL - GUARDIAN DENTAL	\$ 5.00	\$ 17.03	\$ 24.80	\$ 18.46	\$ 5.00	\$ 38.26	\$ 24.80	\$ 18.46
VISION - EYEMED	\$ 4.04	\$ 3.46	\$ 7.50	\$ 4.96	\$ 4.04	\$ 8.42	\$ 7.50	\$ 4.96

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Enrollment of a domestic partner in the SOI health plan requires completion of both a Benefits Election Form and a Domestic Partner Declaration Form. Criteria required for substantiation of a Domestic Partnership are set forth on the SOI Domestic Partner Declaration Form.

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Health Plan Concession - Alternate

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