



# 2011 Insurance Premiums and Contributions

For Residents

The following chart shows insurance premiums and contributions on a per-pay-period and monthly basis, including HCMC's monthly contributions for your benefits and COBRA premiums.

## Medical Coverage

	Employee Cost Per Pay Period (24)	Employee Cost Per Month	HCMC Cost Per Month	COBRA Rates
<b>Medica Options Medical Plan</b>				
Employee only	\$25.77	\$51.54	\$521.14	\$584.13
Employee + 1	\$144.95	\$289.90	\$998.62	\$1,314.29
Family	\$194.72	\$389.44	\$1,341.42	\$1,765.48
<b>Medica HRA Medical Plan</b>				
Employee only	\$0	\$0	\$463.18	\$472.44
Employee + 1	\$91.18	\$182.36	\$859.78	\$1,062.98
Family	\$129.49	\$258.98	\$1,140.96	\$1,427.94

## Dental Coverage

	Employee Cost Per Pay Period (24)	Employee Cost Per Month	HCMC Cost Per Month	COBRA Rates
<b>HealthPartners Exceed Plan</b>				
Employee only	\$14.65	\$29.30	\$0	\$29.89
Family	\$35.71	\$71.42	\$0	\$72.85

## Life Coverage

	Coverage Level	Employee Cost	HCMC Cost	COBRA Rates
<b>Basic Employee Life/AD&amp;D Insurance</b>	\$50,000	\$0	100%	102% of HCMC Monthly Cost

### Supplemental Employee Life

Age	EE Monthly Rate Per \$1,000 Coverage	COBRA Rate
<25	\$0.03	102% of Employee Monthly Cost
25-29	\$0.03	
30-34	\$0.04	
35-39	\$0.05	
40-44	\$0.07	
45-49	\$0.10	
50-54	\$0.15	
55-59	\$0.25	
60-64	\$0.43	
65-69	\$0.82	
70+	\$1.30	

### Supplemental Spousal Life

Coverage	Employee Cost per Pay Period (24)	COBRA Rate (102%)
\$10,000	\$0.65	\$1.33
\$20,000	\$1.30	\$2.66
\$30,000	\$1.95	\$3.99

### Supplemental Child Life

Coverage	Employee Cost Per Pay Period (24)	COBRA Rate (102%)
\$5,000	\$0.49	\$1.00
\$10,000	\$0.98	\$2.00
\$15,000	\$1.47	\$3.00
\$20,000	\$1.96	\$4.00