

# 2010 Medical and Dental Plan Insurance Rates

Effective January 1, 2010

See the category that applies to you (General Government Employee or Public School Employee). This is what you pay for health coverage — about 25% of the total cost of coverage. **Metro pays the other 75% for you.**

Medical Plan Rates for General Government Employees  Semi-Monthly Rates <sup>1</sup>	12-Month Employee – Coverage Level		BCBS PPO	CIGNA Choice Fund
	Single		\$64.50	\$61.50
	Family		\$155.00	\$147.50
	9-Month Employee – Coverage Level			
	Single (9-month employee)		\$85.50	\$82.00
Family (9-month employee)		\$206.50	\$196.50	

Medical Plan Rates for Public School Employees  Bi-weekly Rates	10-Month Employee – Coverage Level		BCBS PPO	CIGNA Choice Fund
	Single		\$73.71	\$70.29
	Family		\$177.14	\$168.57
	12-Month Employee – Coverage Level			
	Single		\$59.54	\$56.77
Family		\$143.08	\$136.15	

Dental Plan Rates		Single	Family
	General Government Employee (12 Month) – semi-monthly rates <sup>1</sup>	\$0.00	\$16.78
	General Government Employee (9 Month) – semi-monthly rates <sup>1</sup>	0.00	\$22.37
	Public Schools (10 Month) – bi-weekly rates	0.00	\$19.18
	Public Schools (12 Month) – bi-weekly rates	0.00	\$15.49

<sup>1</sup> For employees paid bi-weekly (26 pay periods), premiums will be deducted from 24 pay periods.

# 2010 Optional Benefit Plan Insurance Rates

Effective January 1, 2010

You pay the full cost of optional benefits at group rates. Group rates are generally lower than individual rates.

<b>Short-Term Disability (STD) Insurance Rates</b>	Short-term disability (STD) rates are based on your Metro pay. Following are <b>sample</b> monthly rates. To calculate your monthly STD insurance rate, multiply 0.028 times your <b>weekly</b> (not monthly) pay.		
	<b>Hourly Earnings</b>	<b>Weekly Earnings</b>	<b>Sample Monthly Rate</b>
	\$10	\$400	\$11.20
	\$15	\$600	\$16.80
	\$20	\$800	\$22.40

<b>Long-Term Disability (LTD) Insurance Rates</b>	Long-term disability (LTD) rates are based on your Metro pay. Following are sample monthly rates. To calculate your monthly LTD insurance rate, multiply 0.0035 times your <b>monthly</b> (not weekly) pay. You must complete the Medical History Statement if you are enrolling for long-term disability for the first time during this Annual Enrollment.		
	<b>Hourly Earnings</b>	<b>Monthly Earnings</b>	<b>Sample Monthly Rate</b>
	\$10	\$1,750	\$6.13
	\$15	\$2,600	\$9.10
	\$20	\$3,500	\$12.25

<b>Long-Term Care (LTC) Insurance Rates</b>	<p>Long-term care insurance is an optional benefit. You pay the full cost of this coverage at group rates. Group rates are generally lower than individual rates.</p> <p>Contact Prudential at <b>1-800-732-0416</b> or online at <a href="http://www.prudential.com/gltcweb">www.prudential.com/gltcweb</a> (group name: metroltc access code: nashville)</p>
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Vision Plan Rates <sup>1</sup>	If you are:	BASIC Option <sup>1</sup>		ENHANCED Option <sup>1</sup>	
		Single	Family	Single	Family
	General Government Employee (12 month) – semi-monthly	\$1.55	\$4.74	\$2.12	\$6.79
	General Government Employee (9 month) – semi-monthly	\$2.07	\$6.32	\$2.83	\$9.05
	Public School (12 month) – bi-weekly	\$1.43	\$4.38	\$1.96	\$6.27
	Public School (10 month) – bi-weekly	\$1.77	\$5.42	\$2.42	\$7.76

<sup>1</sup> For employees paid bi-weekly (26 pay periods), premiums will be deducted from 24 pay periods.

Supplemental Life Insurance Rates	Age	Monthly Rate Per \$10,000 of Supplemental Life
	0 to 29	\$0.30
	30 to 34	\$0.50
	35 to 39	\$0.60
	40 to 44	\$0.90
	45 to 49	\$1.50
	50 to 54	\$2.20
	55 to 59	\$3.80
	60 to 64	\$5.00
	65 to 69	\$6.80
70 and over	\$8.20	

Dependent Life Insurance Rates	Monthly Rate for Dependent Life
	<p>\$2.18 per month</p> <ul style="list-style-type: none"> <li>• \$10,000 coverage for spouse</li> <li>• \$5,000 coverage for each child</li> <li>• No limit on number of eligible dependents</li> </ul> <p><b>Note:</b> To enroll in dependent life, you (the employee) must enroll in supplemental life.</p>