

MEDICAL PLAN MONTHLY PREMIUMS

ACTIVE EMPLOYEES											
	MCHCP Contribution	PPO 600 Plan through UMR ⁽⁴⁾		PPO 300 Plan through UMR ⁽⁵⁾		Mercy Health Plans PPO 600 Plan ⁽²⁾ (Available in Southwest & South Central regions only)		Mercy Health Plans PPO 300 Plan ⁽²⁾ (Available in Southwest & South Central regions only)		High Deductible Health Plan with Health Savings Account through UMR ⁽³⁾	
		Wellness Premium ⁽¹⁾	Standard Premium	Wellness Premium ⁽¹⁾	Standard Premium	Wellness Premium ⁽¹⁾	Standard Premium	Wellness Premium ⁽¹⁾	Standard Premium	Wellness Premium ⁽¹⁾	Standard Premium
Employee Only	\$448	\$41	\$66	\$63	\$88	\$41	\$66	\$63	\$88	\$63	\$88
Employee and Spouse ⁽¹⁾	955	241	291	296	346	241	291	296	346	296	346
Employee and One Child	604	69	94	100	125	69	94	100	125	100	125
Employee and Two Children	769	89	114	129	154	89	114	129	154	129	154
Employee and Three Children	934	109	134	157	182	109	134	157	182	157	182
Employee and Four Children	1,099	129	154	186	211	129	154	186	211	186	211
Employee and Five or more Children	1,344	149	174	218	243	149	174	218	243	218	243
Employee, Spouse and One Child ⁽¹⁾	1,070	311	361	374	424	311	361	374	424	374	424
Employee, Spouse and Two Children ⁽¹⁾	1,235	331	381	403	453	331	381	403	453	403	453
Employee, Spouse and Three Children ⁽¹⁾	1,399	351	401	432	482	351	401	432	482	432	482
Employee, Spouse and Four Children ⁽¹⁾	1,564	371	421	460	510	371	421	460	510	460	510
Employee, Spouse and Five or more Children ⁽¹⁾	1,809	391	441	493	543	391	441	493	543	493	543

(1) You must take the online HA and participate in the *Lifestyle Ladder* program for the wellness premium to apply. Go to the [Lifestyle Ladder program section](#) to obtain information regarding MCHCP's wellness program, and discover how it can have a positive impact on your health. The Wellness Premiums listed for "Employee and spouse" and "Employee, spouse and child(ren)" assume that both the employee and the covered spouse are participating in the *Lifestyle Ladder* program. If only one is participating, \$25 will be added to the listed premium.

(2) Member contribution for Active Employees in Mercy Health Plans is set at the same price as the comparable plan that is administered by UMR.

(3) Member contribution for Active Employees in the High Deductible Health Plan with Health Savings Account is set at the same price as the PPO 300 Plan.

(4) Member contribution for Active Employees in the PPO 600 Plan is set at the same member contribution as the 2010 Copay Plan premium, plus \$20 for each additional child up to five.

(5) Member contribution for Active Employees in the PPO 300 Plan is set to meet the actuarial equivalent rate for each applicable tier.

RETIREE PREMIUM INFORMATION

Contribution

- The contribution toward your premium is based on your years of service with the state multiplied by 2.5 percent
- You receive no contribution toward your dental and/or vision premiums
- If you retired prior to July 1, 2002, MCHCP determines each January whether your current contribution or a contribution based on your years of service is higher. You will receive the contribution that is higher

Premium

- After the percentage of contribution is computed, the dollar amount is figured on the PPO 600 Plan. This amount is deducted from the total premium, leaving the amount you must pay
- Your monthly premium will be deducted from your retirement check as long as your retirement benefit is enough to cover it. Otherwise, you can have an electronic transfer of funds from your bank account or be billed for the total amount
 - ▶ **Online:** Access the 2011 Retiree Calculator on MCHCP's website to assist you in determining your MCHCP contribution and premium
 - ▶ **Phone:** Call MCHCP's Customer Service Department, and a Benefit Counselor will calculate your MCHCP contribution and premium
 - ▶ **Pencil and Paper:** See examples to the right

Premium for current coverage level (Use online or phone method for other coverage levels)

1. Locate your level of coverage, medical plan and monthly premium
2. Enter the monthly premium below
3. Enter your MCHCP contribution amount found in your contribution letter
4. Subtract the contribution amount from the monthly premium
5. Enter your monthly medical premium

$$\begin{array}{ccccc}
 \boxed{} & - & \boxed{} & = & \boxed{} \\
 \text{Total Monthly} & & \text{MCHCP Contribution} & & \text{Your Monthly Premium} \\
 \text{Premium} & & & &
 \end{array}$$

Contribution for retiree-only coverage level (Use online or phone method for other coverage levels)

1. Enter your full years of service
2. Multiply your number of full years by 0.025
3. Enter percentage of MCHCP contribution. If years of service multiplied by 2.5 percent is greater than 65 percent, use 65 percent for your percentage. Based on state appropriations, the maximum contribution is 65 percent
4. Multiply your percentage by the PPO 600 Plan premium
5. Enter your MCHCP contribution

$$\begin{array}{ccccccc}
 \boxed{} & \times 0.025 = & \boxed{} & \times & \boxed{} & = & \boxed{} \\
 \text{Full years of service} & & \text{Percentage of MCHCP} & & \text{PPO 600 Plan} & & \text{MCHCP} \\
 & & \text{Contribution} & & \text{Premium} & & \text{Contribution}
 \end{array}$$

Premium for retiree-only coverage level (Use online or phone method for other coverage levels)

1. Locate your level of coverage, medical plan and monthly premium
2. Enter your monthly premium below
3. Subtract MCHCP contribution from above from the monthly premium
4. Enter your monthly premium

$$\begin{array}{ccccc}
 \boxed{} & - & \boxed{} & = & \boxed{} \\
 \text{Total Monthly} & & \text{MCHCP Contribution} & & \text{Your Monthly Premium} \\
 \text{Premium} & & & &
 \end{array}$$

DENTAL & VISION PLAN MONTHLY PREMIUMS

DENTAL					
	SUBSCRIBER ONLY	SUBSCRIBER & SPOUSE	SUBSCRIBER & CHILD(REN)	SUBSCRIBER & FAMILY	COBRA CHILD(REN)
Active Employees	\$23.36	\$46.54	\$48.30	\$80.96	N/A
Leave of Absence	\$23.36	\$46.54	\$48.30	\$80.96	N/A
COBRA Subscribers	\$23.82	\$47.46	\$49.26	\$82.58	\$25.44
Retirees, Long-Term Disability, Terminated Vested & Survivor	\$23.36	\$46.54	\$48.30	\$80.96	N/A

VISION					
	SUBSCRIBER ONLY	SUBSCRIBER & SPOUSE	SUBSCRIBER & CHILD(REN)	SUBSCRIBER & FAMILY	COBRA CHILD(REN)
Active Employees	\$5.80	\$9.60	\$9.70	\$14.90	N/A
Leave of Absence	\$5.80	\$9.60	\$9.70	\$14.90	N/A
COBRA Subscribers	\$5.92	\$9.79	\$9.89	\$15.20	\$3.98
Retirees, Long-Term Disability, Terminated Vested and Survivor Younger Than 65	\$5.83	\$11.55	\$11.74	\$13.86	N/A
Retirees, Long-Term Disability, Terminated Vested and Survivor Older Than 65	\$6.18	\$12.25	\$12.45	\$14.71	N/A