MultiCare
BetterConnected

Monthly Insurance Costs for 2012

	TOTAL COST	YOU PAY	MULTICARE PAYS	YOU PAY	MULTICARE PAYS
Standard PPO		With Healthy@Work savings**		Without Healthy@Work savings	
Full-benefits eligible (.6 to 1.0 FTE)					
Employee Only	$719	$ 15	$704	$ 45	$674
Employee & Spouse/DP*	$1,437	$230	$1,207	$260	$1,177
Employee & Children	$1,349	$136	$1,213	$166	$1,183
Employee & Family	$2,068	$338	$1,730	$368	$1,700
Part-benefits eligible (.4 to .59 FTE)					
Employee Only	$719	$359.50	$359.50	$389.50	$329.50
Employee & Spouse/DP*	$1,437	$589.50	$847.50	$619.50	$817.50
Employee & Children	$1,349	$495.50	$853.50	$525.50	$823.50
Employee & Family	$2,068	$697.50	$1,370.50	$727.50	$1,340.50

**** Employees who completed the 2011 Healthy@Work program (or employees hired after March 1, 2011) save $30 per month on the Standard PPO plan in 2012**

	TOTAL COST	YOU PAY	MULTICARE PAYS	
High Deductible PPO			**Premium**	**HSA Contribution, if eligible**
Full-benefits eligible (.6 to 1.0 FTE)				
Employee Only	$546	$0	$546	$62.50
Employee & Spouse/DP*	$1,094	$100	$994	$125.00
Employee & Children	$1,027	$50	$977	$125.00
Employee & Family	$1,574	$150	$1,424	$125.00
Part-benefits eligible .4 to .59 FTE)				
Employee Only	$546	$273	$273	$31.25
Employee & Spouse/DP*	$1,094	$373	$721	$62.50
Employee & Children	$1,027	$323	$704	$62.50
Employee & Family	$1,574	$423	$1,151	$62.50

** Domestic Partner benefits are provided on an after tax basis.*

Medical Opt Out (cash back)	
Full-benefits eligible (.6 to 1.0 FTE)	$50.00
Part-benefits eligible (.4 to .59 FTE)	$25.00

** The Healthy@Work premium savings is still pending negotiations with a union group. It is our intention that it will apply to all MHS employees when negotiations are complete.

	TOTAL COST	YOU PAY	MULTICARE PAYS
Washington Dental Service PPO (and UFCW Scheduled Dental Plan)			
Full-benefits eligible (.6 to 1.0 FTE)			
Employee Only	$46	$0	$46
Employee & Spouse/DP*	$89	$43	$46
Employee & Children	$104	$58	$46
Employee& Family	$146	$100	$46
Part-benefits eligible (.4 to .59 FTE)			
Employee Only	$46	$23	$23
Employee & Spouse/DP*	$89	$66	$23
Employee & Children	$104	$81	$23
Employee & Family	$146	$123	$23

Dental Opt Out (cash back)	
Full-benefits eligible (.6 to 1.0 FTE)	$7.00
Part-benefits eligible (.4 to .59 FTE)	$3.50

Life Insurance

Age-Rated Premiums for Optional Employee and Spouse/DP* Group Term Life Insurance

Minimum Age	Maximum Age	Rate per $1,000
15	24	$ .040
25	29	$ .056
30	34	$ .072
35	39	$ .080
40	44	$ .096
45	49	$ .144
50	54	$ .249
55	59	$ .416
60	64	$ .648
65	69	$1.256
70	100	$2.031

Domestic Partner benefits are provided on an after tax basis.

Accidental Death & Dismemberment

Level	Self	Self & Family*
$50,000	$1.15	$1.80
$100,000	$2.30	$3.60
$150,000	$3.45	$5.40
$200,000	$4.60	$7.20
$250,000	$5.75	$9.00
$300,000	$6.90	$10.80
$350,000	$8.05	$12.60
$400,000	$9.20	$14.40
$450,000	$10.35	$16.20
$500,000	$11.50	$18.00

Flexible Spending Account Annual Maximums	
Dependent Care (day care)	$5,000
Health Care	$6,000

Child Life Insurance	
$10,000 / child	$3.06

Long Term Disability Buy-up Option (Staff level)	
Rate per $100.00 / covered payroll	$0.348