PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
Active Employees of State Agencies, County Boards of Education & Colleges and Universities

REGIONS 1 & 2		CARELINK - PLAN A Standard - Tobacco User				CARELINK - PLAN A Preferred - Tobacco Free			
Employee Only	Salary Range	Employer	RHBT	Employee	Total	Employer	RHBT	Employee	Total
	$ - - $ 20,000	$ 225.31	$ 139.69	$ 57.00	$ 422.00	$ 225.31	$ 139.69	$ 42.00	$ 407.00
	$ 20,001 - $ 30,000	$ 225.31	$ 139.69	$ 73.00	$ 438.00	$ 225.31	$ 139.69	$ 58.00	$ 423.00
	$ 30,001 - $ 36,000	$ 225.31	$ 139.69	$ 80.00	$ 445.00	$ 225.31	$ 139.69	$ 65.00	$ 430.00
	$ 36,001 - $ 42,000	$ 225.31	$ 139.69	$ 86.00	$ 451.00	$ 225.31	$ 139.69	$ 71.00	$ 436.00
	$ 42,001 - $ 50,000	$ 225.31	$ 139.69	$ 101.00	$ 466.00	$ 225.31	$ 139.69	$ 86.00	$ 451.00
	$ 50,001 - $ 62,500	$ 225.31	$ 139.69	$ 123.00	$ 488.00	$ 225.31	$ 139.69	$ 108.00	$ 473.00
	$ 62,501 - $ 75,000	$ 225.31	$ 139.69	$ 137.00	$ 502.00	$ 225.31	$ 139.69	$ 122.00	$ 487.00
	$ 75,001 - $ 100,000	$ 225.31	$ 139.69	$ 165.00	$ 530.00	$ 225.31	$ 139.69	$ 150.00	$ 515.00
	$ 100,001 - $ 125,000	$ 225.31	$ 139.69	$ 207.00	$ 572.00	$ 225.31	$ 139.69	$ 192.00	$ 557.00
	$ 125,001 +	$ 225.31	$ 139.69	$ 236.00	$ 601.00	$ 225.31	$ 139.69	$ 221.00	$ 586.00
		CARELINK - PLAN B Not Available for PY 2010				CARELINK - PLAN B Not Available for PY 2010			
	Salary Range	Employer	RHBT	Employee	Total	Employer	RHBT	Employee	Total
	$ - - $ 20,000								
	$ 20,001 - $ 30,000								
	$ 30,001 - $ 36,000								
	$ 36,001 - $ 42,000								
	$ 42,001 - $ 50,000								
	$ 50,001 - $ 62,500								
	$ 62,501 - $ 75,000								
	$ 75,001 - $ 100,000								
	$ 100,001 - $ 125,000								
	$ 125,001 +								

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
Active Employees of State Agencies, County Boards of Education & Colleges and Universities

REGIONS 1 & 2		CARELINK - PLAN A Standard - Tobacco User				CARELINK - PLAN A Preferred - Tobacco Free			
Employee and Child(ren)	Salary Range	Employer	RHBT	Employee	Total	Employer	RHBT	Employee	Total
	$ - - $ 20,000	$ 319.31	$ 139.69	$ 145.00	$ 604.00	$ 319.31	$ 139.69	$ 115.00	$ 574.00
	$ 20,001 - $ 30,000	$ 319.31	$ 139.69	$ 169.00	$ 628.00	$ 319.31	$ 139.69	$ 139.00	$ 598.00
	$ 30,001 - $ 36,000	$ 319.31	$ 139.69	$ 178.00	$ 637.00	$ 319.31	$ 139.69	$ 148.00	$ 607.00
	$ 36,001 - $ 42,000	$ 319.31	$ 139.69	$ 190.00	$ 649.00	$ 319.31	$ 139.69	$ 160.00	$ 619.00
	$ 42,001 - $ 50,000	$ 319.31	$ 139.69	$ 223.00	$ 682.00	$ 319.31	$ 139.69	$ 193.00	$ 652.00
	$ 50,001 - $ 62,500	$ 319.31	$ 139.69	$ 264.00	$ 723.00	$ 319.31	$ 139.69	$ 234.00	$ 693.00
	$ 62,501 - $ 75,000	$ 319.31	$ 139.69	$ 296.00	$ 755.00	$ 319.31	$ 139.69	$ 266.00	$ 725.00
	$ 75,001 - $ 100,000	$ 319.31	$ 139.69	$ 357.00	$ 816.00	$ 319.31	$ 139.69	$ 327.00	$ 786.00
	$ 100,001 - $ 125,000	$ 319.31	$ 139.69	$ 419.00	$ 878.00	$ 319.31	$ 139.69	$ 389.00	$ 848.00
	$ 125,001 +	$ 319.31	$ 139.69	$ 474.00	$ 933.00	$ 319.31	$ 139.69	$ 444.00	$ 903.00
		CARELINK - PLAN B Not Available PY 2010				CARELINK - PLAN B Not Available PY 2010			
	Salary Range	Employer	RHBT	Employee	Total	Employer	RHBT	Employee	Total
	$ - - $ 20,000								
	$ 20,001 - $ 30,000								
	$ 30,001 - $ 36,000								
	$ 36,001 - $ 42,000								
	$ 42,001 - $ 50,000								
	$ 50,001 - $ 62,500								
	$ 62,501 - $ 75,000								
	$ 75,001 - $ 100,000								
	$ 100,001 - $ 125,000								
	$ 125,001 +								

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
Active Employees of State Agencies, County Boards of Education & Colleges and Universities

REGIONS 1 & 2		CARELINK - PLAN A Standard - Tobacco User				CARELINK - PLAN A Preferred - Tobacco Free			
Family	Salary Range	Employer	RHBT	Employee	Total	Employer	RHBT	Employee	Total
	$ - - $ 20,000	$ 608.31	$ 139.69	$ 222.00	$ 970.00	$ 608.31	$ 139.69	$ 192.00	$ 940.00
	$ 20,001 - $ 30,000	$ 608.31	$ 139.69	$ 270.00	$ 1,018.00	$ 608.31	$ 139.69	$ 240.00	$ 988.00
	$ 30,001 - $ 36,000	$ 608.31	$ 139.69	$ 296.00	$ 1,044.00	$ 608.31	$ 139.69	$ 266.00	$ 1,014.00
	$ 36,001 - $ 42,000	$ 608.31	$ 139.69	$ 324.00	$ 1,072.00	$ 608.31	$ 139.69	$ 294.00	$ 1,042.00
	$ 42,001 - $ 50,000	$ 608.31	$ 139.69	$ 372.00	$ 1,120.00	$ 608.31	$ 139.69	$ 342.00	$ 1,090.00
	$ 50,001 - $ 62,500	$ 608.31	$ 139.69	$ 436.00	$ 1,184.00	$ 608.31	$ 139.69	$ 406.00	$ 1,154.00
	$ 62,501 - $ 75,000	$ 608.31	$ 139.69	$ 468.00	$ 1,216.00	$ 608.31	$ 139.69	$ 438.00	$ 1,186.00
	$ 75,001 - $ 100,000	$ 608.31	$ 139.69	$ 550.00	$ 1,298.00	$ 608.31	$ 139.69	$ 520.00	$ 1,268.00
	$ 100,001 - $ 125,000	$ 608.31	$ 139.69	$ 663.00	$ 1,411.00	$ 608.31	$ 139.69	$ 633.00	$ 1,381.00
	$ 125,001 +	$ 608.31	$ 139.69	$ 759.00	$ 1,507.00	$ 608.31	$ 139.69	$ 729.00	$ 1,477.00
		CARELINK - PLAN B Not Available PY 2010				CARELINK - PLAN B Not Available PY 2010			
	Salary Range	Employer	RHBT	Employee	Total	Employer	RHBT	Employee	Total
	$ - - $ 20,000								
	$ 20,001 - $ 30,000								
	$ 30,001 - $ 36,000								
	$ 36,001 - $ 42,000								
	$ 42,001 - $ 50,000								
	$ 50,001 - $ 62,500								
	$ 62,501 - $ 75,000								
	$ 75,001 - $ 100,000								
	$ 100,001 - $ 125,000								
	$ 125,001 +								

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
Active Employees of State Agencies, County Boards of Education & Colleges and Universities

REGIONS 1& 2		CARELINK - PLAN A Standard - Tobacco User				CARELINK - PLAN A Preferred - Tobacco Free			
Family with Employee Spouse	Salary Range	Employer	RHBT	Employee	Total	Employer	RHBT	Employee	Total
	$ - - $ 20,000	$ 608.31	$ 139.69	$ 188.00	$ 936.00	$ 608.31	$ 139.69	$ 158.00	$ 906.00
	$ 20,001 - $ 30,000	$ 608.31	$ 139.69	$ 223.00	$ 971.00	$ 608.31	$ 139.69	$ 193.00	$ 941.00
	$ 30,001 - $ 36,000	$ 608.31	$ 139.69	$ 246.00	$ 994.00	$ 608.31	$ 139.69	$ 216.00	$ 964.00
	$ 36,001 - $ 42,000	$ 608.31	$ 139.69	$ 264.00	$ 1,012.00	$ 608.31	$ 139.69	$ 234.00	$ 982.00
	$ 42,001 - $ 50,000	$ 608.31	$ 139.69	$ 304.00	$ 1,052.00	$ 608.31	$ 139.69	$ 274.00	$ 1,022.00
	$ 50,001 - $ 62,500	$ 608.31	$ 139.69	$ 356.00	$ 1,104.00	$ 608.31	$ 139.69	$ 326.00	$ 1,074.00
	$ 62,501 - $ 75,000	$ 608.31	$ 139.69	$ 395.00	$ 1,143.00	$ 608.31	$ 139.69	$ 365.00	$ 1,113.00
	$ 75,001 - $ 100,000	$ 608.31	$ 139.69	$ 486.00	$ 1,234.00	$ 608.31	$ 139.69	$ 456.00	$ 1,204.00
	$ 100,001 - $ 125,000	$ 608.31	$ 139.69	$ 599.00	$ 1,347.00	$ 608.31	$ 139.69	$ 569.00	$ 1,317.00
	$ 125,001 +	$ 608.31	$ 139.69	$ 684.00	$ 1,432.00	$ 608.31	$ 139.69	$ 654.00	$ 1,402.00
		CARELINK - PLAN B Not Available PY 2010				CARELINK - PLAN B Not Available PY 2010			
	Salary Range	Employer	RHBT	Employee	Total	Employer	RHBT	Employee	Total
	$ - - $ 20,000								
	$ 20,001 - $ 30,000								
	$ 30,001 - $ 36,000								
	$ 36,001 - $ 42,000								
	$ 42,001 - $ 50,000								
	$ 50,001 - $ 62,500								
	$ 62,501 - $ 75,000								
	$ 75,001 - $ 100,000								
	$ 100,001 - $ 125,000								
	$ 125,001 +								

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
Active Employees of State Agencies, County Boards of Education & Colleges and Universities

REGION 1		THE HEALTH PLAN - PLAN A				THE HEALTH PLAN - PLAN B			
Employee Only	Salary Range	Employer	RHBT	Employee	Total	Employer	RHBT	Employee	Total
	$ - - $ 20,000	$ 225.31	$ 139.69	$ 45.00	$ 410.00	$ 225.31	$ 139.69	$ 14.00	$ 379.00
	$ 20,001 - $ 30,000	$ 225.31	$ 139.69	$ 61.00	$ 426.00	$ 225.31	$ 139.69	$ 21.00	$ 386.00
	$ 30,001 - $ 36,000	$ 225.31	$ 139.69	$ 68.00	$ 433.00	$ 225.31	$ 139.69	$ 25.00	$ 390.00
	$ 36,001 - $ 42,000	$ 225.31	$ 139.69	$ 74.00	$ 439.00	$ 225.31	$ 139.69	$ 27.00	$ 392.00
	$ 42,001 - $ 50,000	$ 225.31	$ 139.69	$ 89.00	$ 454.00	$ 225.31	$ 139.69	$ 35.00	$ 400.00
	$ 50,001 - $ 62,500	$ 225.31	$ 139.69	$ 111.00	$ 476.00	$ 225.31	$ 139.69	$ 47.00	$ 412.00
	$ 62,501 - $ 75,000	$ 225.31	$ 139.69	$ 125.00	$ 490.00	$ 225.31	$ 139.69	$ 55.00	$ 420.00
	$ 75,001 - $ 100,000	$ 225.31	$ 139.69	$ 153.00	$ 518.00	$ 225.31	$ 139.69	$ 70.00	$ 435.00
	$ 100,001 - $ 125,000	$ 225.31	$ 139.69	$ 195.00	$ 560.00	$ 225.31	$ 139.69	$ 116.00	$ 481.00
	$ 125,001 +	$ 225.31	$ 139.69	$ 224.00	$ 589.00	$ 225.31	$ 139.69	$ 144.00	$ 509.00
Employee and Child(ren)	Salary Range								
	$ - - $ 20,000	$ 319.31	$ 139.69	$ 85.00	$ 544.00	$ 319.31	$ 139.69	$ 21.00	$ 480.00
	$ 20,001 - $ 30,000	$ 319.31	$ 139.69	$ 109.00	$ 568.00	$ 319.31	$ 139.69	$ 33.00	$ 492.00
	$ 30,001 - $ 36,000	$ 319.31	$ 139.69	$ 118.00	$ 577.00	$ 319.31	$ 139.69	$ 37.00	$ 496.00
	$ 36,001 - $ 42,000	$ 319.31	$ 139.69	$ 130.00	$ 589.00	$ 319.31	$ 139.69	$ 42.00	$ 501.00
	$ 42,001 - $ 50,000	$ 319.31	$ 139.69	$ 163.00	$ 622.00	$ 319.31	$ 139.69	$ 70.00	$ 529.00
	$ 50,001 - $ 62,500	$ 319.31	$ 139.69	$ 204.00	$ 663.00	$ 319.31	$ 139.69	$ 110.00	$ 569.00
	$ 62,501 - $ 75,000	$ 319.31	$ 139.69	$ 236.00	$ 695.00	$ 319.31	$ 139.69	$ 135.00	$ 594.00
	$ 75,001 - $ 100,000	$ 319.31	$ 139.69	$ 297.00	$ 756.00	$ 319.31	$ 139.69	$ 188.00	$ 647.00
	$ 100,001 - $ 125,000	$ 319.31	$ 139.69	$ 359.00	$ 818.00	$ 319.31	$ 139.69	$ 254.00	$ 713.00
	$ 125,001 +	$ 319.31	$ 139.69	$ 414.00	$ 873.00	$ 319.31	$ 139.69	$ 303.00	$ 762.00
Family	Salary Range								
	$ - - $ 20,000	$ 608.31	$ 139.69	$ 115.00	$ 863.00	$ 608.31	$ 139.69	$ 68.00	$ 816.00
	$ 20,001 - $ 30,000	$ 608.31	$ 139.69	$ 157.00	$ 905.00	$ 608.31	$ 139.69	$ 101.00	$ 849.00
	$ 30,001 - $ 36,000	$ 608.31	$ 139.69	$ 183.00	$ 931.00	$ 608.31	$ 139.69	$ 118.00	$ 866.00
	$ 36,001 - $ 42,000	$ 608.31	$ 139.69	$ 211.00	$ 959.00	$ 608.31	$ 139.69	$ 137.00	$ 885.00
	$ 42,001 - $ 50,000	$ 608.31	$ 139.69	$ 259.00	$ 1,007.00	$ 608.31	$ 139.69	$ 177.00	$ 925.00
	$ 50,001 - $ 62,500	$ 608.31	$ 139.69	$ 323.00	$ 1,071.00	$ 608.31	$ 139.69	$ 230.00	$ 978.00
	$ 62,501 - $ 75,000	$ 608.31	$ 139.69	$ 355.00	$ 1,103.00	$ 608.31	$ 139.69	$ 259.00	$ 1,007.00
	$ 75,001 - $ 100,000	$ 608.31	$ 139.69	$ 437.00	$ 1,185.00	$ 608.31	$ 139.69	$ 342.00	$ 1,090.00
	$ 100,001 - $ 125,000	$ 608.31	$ 139.69	$ 550.00	$ 1,298.00	$ 608.31	$ 139.69	$ 448.00	$ 1,196.00
	$ 125,001 +	$ 608.31	$ 139.69	$ 646.00	$ 1,394.00	$ 608.31	$ 139.69	$ 532.00	$ 1,280.00
Family with Employee Spouse	Salary Range								
	$ - - $ 20,000	$ 608.31	$ 139.69	$ 86.00	$ 834.00	$ 608.31	$ 139.69	$ 36.00	$ 784.00
	$ 20,001 - $ 30,000	$ 608.31	$ 139.69	$ 113.00	$ 861.00	$ 608.31	$ 139.69	$ 57.00	$ 805.00
	$ 30,001 - $ 36,000	$ 608.31	$ 139.69	$ 133.00	$ 881.00	$ 608.31	$ 139.69	$ 75.00	$ 823.00
	$ 36,001 - $ 42,000	$ 608.31	$ 139.69	$ 151.00	$ 899.00	$ 608.31	$ 139.69	$ 87.00	$ 835.00
	$ 42,001 - $ 50,000	$ 608.31	$ 139.69	$ 191.00	$ 939.00	$ 608.31	$ 139.69	$ 113.00	$ 861.00
	$ 50,001 - $ 62,500	$ 608.31	$ 139.69	$ 243.00	$ 991.00	$ 608.31	$ 139.69	$ 158.00	$ 906.00
	$ 62,501 - $ 75,000	$ 608.31	$ 139.69	$ 282.00	$ 1,030.00	$ 608.31	$ 139.69	$ 193.00	$ 941.00
	$ 75,001 - $ 100,000	$ 608.31	$ 139.69	$ 373.00	$ 1,121.00	$ 608.31	$ 139.69	$ 283.00	$ 1,031.00

	$ 100,001 - $ 125,000	$ 608.31	$ 139.69	$ 486.00	$ 1,234.00	$ 608.31	$ 139.69	$ 390.00	$ 1,138.00
	$ 125,001 +	$ 608.31	$ 139.69	$ 571.00	$ 1,319.00	$ 608.31	$ 139.69	$ 473.00	$ 1,221.00

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
Active Employees of State Agencies, County Boards of Education & Colleges and Universities

REGIONS 1 & 2		PEIA PPB PLAN PLAN A Standard - Tobacco User				PEIA PPB PLAN PLAN A Preferred - Tobacco Free			
Employee Only	**Salary Range**	**Employer**	**RHBT**	**Employee**	**Total**	**Employer**	**RHBT**	**Employee**	**Total**
	$ - - $ 20,000	$ 225.31	$ 139.69	$ 48.00	$ 413.00	$ 225.31	$ 139.69	$ 23.00	$ 388.00
	$ 20,001 - $ 30,000	$ 225.31	$ 139.69	$ 64.00	$ 429.00	$ 225.31	$ 139.69	$ 39.00	$ 404.00
	$ 30,001 - $ 36,000	$ 225.31	$ 139.69	$ 71.00	$ 436.00	$ 225.31	$ 139.69	$ 46.00	$ 411.00
	$ 36,001 - $ 42,000	$ 225.31	$ 139.69	$ 77.00	$ 442.00	$ 225.31	$ 139.69	$ 52.00	$ 417.00
	$ 42,001 - $ 50,000	$ 225.31	$ 139.69	$ 92.00	$ 457.00	$ 225.31	$ 139.69	$ 67.00	$ 432.00
	$ 50,001 - $ 62,500	$ 225.31	$ 139.69	$ 114.00	$ 479.00	$ 225.31	$ 139.69	$ 89.00	$ 454.00
	$ 62,501 - $ 75,000	$ 225.31	$ 139.69	$ 128.00	$ 493.00	$ 225.31	$ 139.69	$ 103.00	$ 468.00
	$ 75,001 - $ 100,000	$ 225.31	$ 139.69	$ 156.00	$ 521.00	$ 225.31	$ 139.69	$ 131.00	$ 496.00
	$ 100,001 - $ 125,000	$ 225.31	$ 139.69	$ 198.00	$ 563.00	$ 225.31	$ 139.69	$ 173.00	$ 538.00
	$ 125,001 +	$ 225.31	$ 139.69	$ 227.00	$ 592.00	$ 225.31	$ 139.69	$ 202.00	$ 567.00
Employee and Child(ren)	**Salary Range**								
	$ - - $ 20,000	$ 319.31	$ 139.69	$ 103.00	$ 562.00	$ 319.31	$ 139.69	$ 53.00	$ 512.00
	$ 20,001 - $ 30,000	$ 319.31	$ 139.69	$ 127.00	$ 586.00	$ 319.31	$ 139.69	$ 77.00	$ 536.00
	$ 30,001 - $ 36,000	$ 319.31	$ 139.69	$ 136.00	$ 595.00	$ 319.31	$ 139.69	$ 86.00	$ 545.00
	$ 36,001 - $ 42,000	$ 319.31	$ 139.69	$ 148.00	$ 607.00	$ 319.31	$ 139.69	$ 98.00	$ 557.00
	$ 42,001 - $ 50,000	$ 319.31	$ 139.69	$ 181.00	$ 640.00	$ 319.31	$ 139.69	$ 131.00	$ 590.00
	$ 50,001 - $ 62,500	$ 319.31	$ 139.69	$ 222.00	$ 681.00	$ 319.31	$ 139.69	$ 172.00	$ 631.00
	$ 62,501 - $ 75,000	$ 319.31	$ 139.69	$ 254.00	$ 713.00	$ 319.31	$ 139.69	$ 204.00	$ 663.00
	$ 75,001 - $ 100,000	$ 319.31	$ 139.69	$ 315.00	$ 774.00	$ 319.31	$ 139.69	$ 265.00	$ 724.00
	$ 100,001 - $ 125,000	$ 319.31	$ 139.69	$ 377.00	$ 836.00	$ 319.31	$ 139.69	$ 327.00	$ 786.00
	$ 125,001 +	$ 319.31	$ 139.69	$ 432.00	$ 891.00	$ 319.31	$ 139.69	$ 382.00	$ 841.00
Family	**Salary Range**								
	$ - - $ 20,000	$ 608.31	$ 139.69	$ 147.00	$ 895.00	$ 608.31	$ 139.69	$ 97.00	$ 845.00
	$ 20,001 - $ 30,000	$ 608.31	$ 139.69	$ 195.00	$ 943.00	$ 608.31	$ 139.69	$ 145.00	$ 893.00
	$ 30,001 - $ 36,000	$ 608.31	$ 139.69	$ 221.00	$ 969.00	$ 608.31	$ 139.69	$ 171.00	$ 919.00
	$ 36,001 - $ 42,000	$ 608.31	$ 139.69	$ 249.00	$ 997.00	$ 608.31	$ 139.69	$ 199.00	$ 947.00
	$ 42,001 - $ 50,000	$ 608.31	$ 139.69	$ 297.00	$ 1,045.00	$ 608.31	$ 139.69	$ 247.00	$ 995.00
	$ 50,001 - $ 62,500	$ 608.31	$ 139.69	$ 361.00	$ 1,109.00	$ 608.31	$ 139.69	$ 311.00	$ 1,059.00
	$ 62,501 - $ 75,000	$ 608.31	$ 139.69	$ 393.00	$ 1,141.00	$ 608.31	$ 139.69	$ 343.00	$ 1,091.00
	$ 75,001 - $ 100,000	$ 608.31	$ 139.69	$ 475.00	$ 1,223.00	$ 608.31	$ 139.69	$ 425.00	$ 1,173.00
	$ 100,001 - $ 125,000	$ 608.31	$ 139.69	$ 588.00	$ 1,336.00	$ 608.31	$ 139.69	$ 538.00	$ 1,286.00
	$ 125,001 +	$ 608.31	$ 139.69	$ 684.00	$ 1,432.00	$ 608.31	$ 139.69	$ 634.00	$ 1,382.00

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
Active Employees of State Agencies, County Boards of Education & Colleges and Universities

REGIONS 1 & 2		PEIA PPB PLAN PLAN A Standard - Tobacco User				PEIA PPB PLAN PLAN A Preferred - Tobacco Free			
Family with Employee Spouse	Salary Range	Employer	RHBT	Employee	Total	Employer	RHBT	Employee	Total
	$ - - $ 20,000	$ 608.31	$ 139.69	$ 113.00	$ 861.00	$ 608.31	$ 139.69	$ 63.00	$ 811.00
	$ 20,001 - $ 30,000	$ 608.31	$ 139.69	$ 148.00	$ 896.00	$ 608.31	$ 139.69	$ 98.00	$ 846.00
	$ 30,001 - $ 36,000	$ 608.31	$ 139.69	$ 171.00	$ 919.00	$ 608.31	$ 139.69	$ 121.00	$ 869.00
	$ 36,001 - $ 42,000	$ 608.31	$ 139.69	$ 189.00	$ 937.00	$ 608.31	$ 139.69	$ 139.00	$ 887.00
	$ 42,001 - $ 50,000	$ 608.31	$ 139.69	$ 229.00	$ 977.00	$ 608.31	$ 139.69	$ 179.00	$ 927.00
	$ 50,001 - $ 62,500	$ 608.31	$ 139.69	$ 281.00	$ 1,029.00	$ 608.31	$ 139.69	$ 231.00	$ 979.00
	$ 62,501 - $ 75,000	$ 608.31	$ 139.69	$ 320.00	$ 1,068.00	$ 608.31	$ 139.69	$ 270.00	$ 1,018.00
	$ 75,001 - $ 100,000	$ 608.31	$ 139.69	$ 411.00	$ 1,159.00	$ 608.31	$ 139.69	$ 361.00	$ 1,109.00
	$ 100,001 - $ 125,000	$ 608.31	$ 139.69	$ 524.00	$ 1,272.00	$ 608.31	$ 139.69	$ 474.00	$ 1,222.00
	$ 125,001 +	$ 608.31	$ 139.69	$ 609.00	$ 1,357.00	$ 608.31	$ 139.69	$ 559.00	$ 1,307.00

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
Active Employees of State Agencies, County Boards of Education & Colleges and Universities

REGIONS 1 & 2		PEIA PPB PLAN PLAN B Standard - Tobacco User				PEIA PPB PLAN PLAN B Preferred - Tobacco Free			
Employee Only	**Salary Range**	**Employer**	**RHBT**	**Employee**	**Total**	**Employer**	**RHBT**	**Employee**	**Total**
	$ - - $ 20,000	$ 225.31	$ 139.69	$ 39.00	$ 404.00	$ 225.31	$ 139.69	$ 14.00	$ 379.00
	$ 20,001 - $ 30,000	$ 225.31	$ 139.69	$ 46.00	$ 411.00	$ 225.31	$ 139.69	$ 21.00	$ 386.00
	$ 30,001 - $ 36,000	$ 225.31	$ 139.69	$ 50.00	$ 415.00	$ 225.31	$ 139.69	$ 25.00	$ 390.00
	$ 36,001 - $ 42,000	$ 225.31	$ 139.69	$ 52.00	$ 417.00	$ 225.31	$ 139.69	$ 27.00	$ 392.00
	$ 42,001 - $ 50,000	$ 225.31	$ 139.69	$ 60.00	$ 425.00	$ 225.31	$ 139.69	$ 35.00	$ 400.00
	$ 50,001 - $ 62,500	$ 225.31	$ 139.69	$ 72.00	$ 437.00	$ 225.31	$ 139.69	$ 47.00	$ 412.00
	$ 62,501 - $ 75,000	$ 225.31	$ 139.69	$ 80.00	$ 445.00	$ 225.31	$ 139.69	$ 55.00	$ 420.00
	$ 75,001 - $ 100,000	$ 225.31	$ 139.69	$ 95.00	$ 460.00	$ 225.31	$ 139.69	$ 70.00	$ 435.00
	$ 100,001 - $ 125,000	$ 225.31	$ 139.69	$ 141.00	$ 506.00	$ 225.31	$ 139.69	$ 116.00	$ 481.00
	$ 125,001 +	$ 225.31	$ 139.69	$ 169.00	$ 534.00	$ 225.31	$ 139.69	$ 144.00	$ 509.00
Employee and Child(ren)	**Salary Range**								
	$ - - $ 20,000	$ 319.31	$ 139.69	$ 71.00	$ 530.00	$ 319.31	$ 139.69	$ 21.00	$ 480.00
	$ 20,001 - $ 30,000	$ 319.31	$ 139.69	$ 83.00	$ 542.00	$ 319.31	$ 139.69	$ 33.00	$ 492.00
	$ 30,001 - $ 36,000	$ 319.31	$ 139.69	$ 87.00	$ 546.00	$ 319.31	$ 139.69	$ 37.00	$ 496.00
	$ 36,001 - $ 42,000	$ 319.31	$ 139.69	$ 92.00	$ 551.00	$ 319.31	$ 139.69	$ 42.00	$ 501.00
	$ 42,001 - $ 50,000	$ 319.31	$ 139.69	$ 120.00	$ 579.00	$ 319.31	$ 139.69	$ 70.00	$ 529.00
	$ 50,001 - $ 62,500	$ 319.31	$ 139.69	$ 160.00	$ 619.00	$ 319.31	$ 139.69	$ 110.00	$ 569.00
	$ 62,501 - $ 75,000	$ 319.31	$ 139.69	$ 185.00	$ 644.00	$ 319.31	$ 139.69	$ 135.00	$ 594.00
	$ 75,001 - $ 100,000	$ 319.31	$ 139.69	$ 238.00	$ 697.00	$ 319.31	$ 139.69	$ 188.00	$ 647.00
	$ 100,001 - $ 125,000	$ 319.31	$ 139.69	$ 304.00	$ 763.00	$ 319.31	$ 139.69	$ 254.00	$ 713.00
	$ 125,001 +	$ 319.31	$ 139.69	$ 353.00	$ 812.00	$ 319.31	$ 139.69	$ 303.00	$ 762.00
Family	**Salary Range**								
	$ - - $ 20,000	$ 608.31	$ 139.69	$ 118.00	$ 866.00	$ 608.31	$ 139.69	$ 68.00	$ 816.00
	$ 20,001 - $ 30,000	$ 608.31	$ 139.69	$ 151.00	$ 899.00	$ 608.31	$ 139.69	$ 101.00	$ 849.00
	$ 30,001 - $ 36,000	$ 608.31	$ 139.69	$ 168.00	$ 916.00	$ 608.31	$ 139.69	$ 118.00	$ 866.00
	$ 36,001 - $ 42,000	$ 608.31	$ 139.69	$ 187.00	$ 935.00	$ 608.31	$ 139.69	$ 137.00	$ 885.00
	$ 42,001 - $ 50,000	$ 608.31	$ 139.69	$ 227.00	$ 975.00	$ 608.31	$ 139.69	$ 177.00	$ 925.00
	$ 50,001 - $ 62,500	$ 608.31	$ 139.69	$ 280.00	$ 1,028.00	$ 608.31	$ 139.69	$ 230.00	$ 978.00
	$ 62,501 - $ 75,000	$ 608.31	$ 139.69	$ 309.00	$ 1,057.00	$ 608.31	$ 139.69	$ 259.00	$ 1,007.00
	$ 75,001 - $ 100,000	$ 608.31	$ 139.69	$ 392.00	$ 1,140.00	$ 608.31	$ 139.69	$ 342.00	$ 1,090.00
	$ 100,001 - $ 125,000	$ 608.31	$ 139.69	$ 498.00	$ 1,246.00	$ 608.31	$ 139.69	$ 448.00	$ 1,196.00
	$ 125,001 +	$ 608.31	$ 139.69	$ 582.00	$ 1,330.00	$ 608.31	$ 139.69	$ 532.00	$ 1,280.00

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
Active Employees of State Agencies, County Boards of Education & Colleges and Universities

REGIONS 1 & 2		PEIA PPB PLAN PLAN B Standard - Tobacco User				PEIA PPB PLAN PLAN B Preferred - Tobacco Free			
Family with Employee Spouse	Salary Range	Employer	RHBT	Employee	Total	Employer	RHBT	Employee	Total
	$ - - $ 20,000	$ 608.31	$ 139.69	$ 86.00	$ 834.00	$ 608.31	$ 139.69	$ 36.00	$ 784.00
	$ 20,001 - $ 30,000	$ 608.31	$ 139.69	$ 107.00	$ 855.00	$ 608.31	$ 139.69	$ 57.00	$ 805.00
	$ 30,001 - $ 36,000	$ 608.31	$ 139.69	$ 125.00	$ 873.00	$ 608.31	$ 139.69	$ 75.00	$ 823.00
	$ 36,001 - $ 42,000	$ 608.31	$ 139.69	$ 137.00	$ 885.00	$ 608.31	$ 139.69	$ 87.00	$ 835.00
	$ 42,001 - $ 50,000	$ 608.31	$ 139.69	$ 163.00	$ 911.00	$ 608.31	$ 139.69	$ 113.00	$ 861.00
	$ 50,001 - $ 62,500	$ 608.31	$ 139.69	$ 205.00	$ 953.00	$ 608.31	$ 139.69	$ 155.00	$ 903.00
	$ 62,501 - $ 75,000	$ 608.31	$ 139.69	$ 242.00	$ 990.00	$ 608.31	$ 139.69	$ 192.00	$ 940.00
	$ 75,001 - $ 100,000	$ 608.31	$ 139.69	$ 333.00	$ 1,081.00	$ 608.31	$ 139.69	$ 283.00	$ 1,031.00
	$ 100,001 - $ 125,000	$ 608.31	$ 139.69	$ 440.00	$ 1,188.00	$ 608.31	$ 139.69	$ 390.00	$ 1,138.00
	$ 125,001 +	$ 608.31	$ 139.69	$ 523.00	$ 1,271.00	$ 608.31	$ 139.69	$ 473.00	$ 1,221.00

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
State Agencies, County Boards of Education & Colleges and Universities

COBRA

REGIONS 1 & 2	CARELINK - PLAN A Standard (Tobacco User)		CARELINK - PLAN A Preferred (Tobacco Free)					
COBRA Premiums								
Tier	**Employee**	**Total**	**Employee**	**Total**	**Employee**	**Total**	**Employee**	**Total**
Employee Only	$ 460.00	$ 460.00	$ 445.00	$ 445.00				
Employee and Child(ren)	$ 662.00	$ 662.00	$ 632.00	$ 632.00				
Family	$ 1,093.00	$ 1,093.00	$ 1,063.00	$ 1,063.00				
COBRA Disability Premiums								
Employee Only	$ 677.00	$ 677.00	$ 662.00	$ 662.00				
Employee and Child(ren)	$ 974.00	$ 974.00	$ 944.00	$ 944.00				
Family	$ 1,608.00	$ 1,608.00	$ 1,578.00	$ 1,578.00				

REGION 1	THE HEALTH PLAN PLAN A		THE HEALTH PLAN PLAN B					
COBRA Premiums								
Tier	**Employee**	**Total**	**Employee**	**Total**				
Employee Only	$ 448.00	$ 448.00	$ 400.00	$ 400.00				
Employee and Child(ren)	$ 601.00	$ 601.00	$ 511.00	$ 511.00				
Family	$ 978.00	$ 978.00	$ 903.00	$ 903.00				
COBRA Disability Premiums								
Employee Only	$ 659.00	$ 659.00	$ 588.00	$ 588.00				
Employee and Child(ren)	$ 884.00	$ 884.00	$ 752.00	$ 752.00				
Family	$ 1,439.00	$ 1,439.00	$ 1,328.00	$ 1,328.00				

REGIONS 1 & 2	PEIA PPB PLAN PLAN A Standard (Tobacco User)		PEIA PPB PLAN PLAN A Preferred (Tobacco Free)		PEIA PPB PLAN PLAN B Standard (Tobacco User)		PEIA PPB PLAN PLAN B Preferred (Tobacco Free)	
COBRA Premiums								
Tier	**Employee**	**Total**	**Employee**	**Total**	**Employee**	**Total**	**Employee**	**Total**
Employee Only	$ 451.00	$ 451.00	$ 426.00	$ 426.00	$ 425.00	$ 425.00	$ 400.00	$ 400.00
Employee and Child(ren)	$ 619.00	$ 619.00	$ 569.00	$ 569.00	$ 562.00	$ 562.00	$ 512.00	$ 512.00
Family	$ 1,017.00	$ 1,017.00	$ 967.00	$ 967.00	$ 954.00	$ 954.00	$ 904.00	$ 904.00
COBRA Disability Premiums								
Employee Only	$ 663.00	$ 663.00	$ 638.00	$ 638.00	$ 626.00	$ 626.00	$ 601.00	$ 601.00
Employee and Child(ren)	$ 911.00	$ 911.00	$ 861.00	$ 861.00	$ 827.00	$ 827.00	$ 777.00	$ 777.00
Family	$ 1,496.00	$ 1,496.00	$ 1,446.00	$ 1,446.00	$ 1,403.00	$ 1,403.00	$ 1,353.00	$ 1,353.00

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) Premiums
Retired Employees and Surviving Dependents

NON-MEDICARE

REGIONS 1 & 2

	CARELINK - PLAN A							
	Policyholder Only Standard (Tobacco User)	Policyholder Only Preferred (Tobacco Free)	Policyholder and Dependent(s) Standard (Tobacco User)	Policyholder and Dependent(s) Preferred (Tobacco Free)	Policyholder Only Standard (Tobacco User)	Policyholder Only Preferred (Tobacco Free)	Policyholder and Dependent(s) Standard (Tobacco User)	Policyholder and Dependent(s) Preferred (Tobacco Free)
5 to 9 years of service	$ 559.00	$ 544.00	$ 971.00	$ 941.00				
10 to 14 years of service	$ 512.00	$ 497.00	$ 889.00	$ 859.00				
15 to 19 years of service	$ 483.00	$ 468.00	$ 839.00	$ 809.00				
20 to 24 years of service	$ 455.00	$ 440.00	$ 790.00	$ 760.00				
25 or more years of service or retired prior to 7/1/97 or any surviving dependent or disability retiree	$ 426.00	$ 411.00	$ 741.00	$ 711.00				

REGION 1

	THE HEALTH PLAN - PLAN A				THE HEALTH PLAN - PLAN B			
	Policyholder Only		Policyholder and Dependent(s)		Policyholder Only		Policyholder and Dependent(s)	
5 to 9 years of service	$ 448.00		$ 857.00		$ 325.00		$ 618.00	
10 to 14 years of service	$ 410.00		$ 784.00		$ 298.00		$ 566.00	
15 to 19 years of service	$ 387.00		$ 741.00		$ 281.00		$ 534.00	
20 to 24 years of service	$ 365.00		$ 697.00		$ 265.00		$ 503.00	
25 or more years of service or retired prior to 7/1/97 or any surviving dependent or disability retiree	$ 342.00		$ 653.00		$ 248.00		$ 472.00	

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
Retired Employees and Surviving Dependents

NON-MEDICARE

REGIONS 1 & 2

	PEIA PPB PLAN A					
	Policyholder Only		Policyholder with Non-Medicare Dependent(s)		Policyholder with Medicare Dependent(s)	
	Standard (Tobacco User)	Preferred (Tobacco Free)	Standard (Tobacco User)	Preferred (Tobacco Free)	Standard (Tobacco User)	Preferred (Tobacco Free)
5 to 9 years of service	$ 812.00	$ 787.00	$ 1,937.00	$ 1,887.00	$ 1,356.00	$ 1,306.00
10 to 14 years of service	$ 625.00	$ 600.00	$ 1,459.00	$ 1,409.00	$ 1,009.00	$ 959.00
15 to 19 years of service	$ 436.00	$ 411.00	$ 984.00	$ 934.00	$ 665.00	$ 615.00
20 to 24 years of service	$ 325.00	$ 300.00	$ 698.00	$ 648.00	$ 458.00	$ 408.00
25 or more years of service or retired prior to 7/1/97 or any surviving dependent or disability retiree	$ 252.00	$ 227.00	$ 507.00	$ 457.00	$ 318.00	$ 268.00

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
Retired Employees and Surviving Dependents

MEDICARE

REGIONS 1 & 2

	PEIA PPB PLAN A					
	Medicare Retired Policyholder Only		Medicare Retired Policyholder with Non-Medicare Dependent(s)1		Medicare Retired Policyholder with Medicare Dependent(s)2	
	Standard (Tobacco User)	Preferred (Tobacco Free)	Standard (Tobacco User)	Preferred (Tobacco Free)	Standard (Tobacco User)	Preferred (Tobacco Free)
5 to 9 years of service	$ 349.00	$ 324.00	$ 1,176.00	$ 1,126.00	$ 722.00	$ 672.00
10 to 14 years of service	$ 256.00	$ 231.00	$ 884.00	$ 834.00	$ 521.00	$ 471.00
15 to 19 years of service	$ 163.00	$ 138.00	$ 592.00	$ 542.00	$ 321.00	$ 271.00
20 to 24 years of service	$ 108.00	$ 83.00	$ 416.00	$ 366.00	$ 198.00	$ 148.00
25 or more years of service or retired prior to 7/1/97 or any surviving dependent or disability retiree	$ 71.00	$ 46.00	$ 299.00	$ 249.00	$ 119.00	$ 69.00

[1]**This rate assumes one person on Medicare. If you have more than one, subtract $22 for each additional Medicare member.**

[2]**This rate assumes two people on Medicare. If you have more than two, subtract $22 for each additional Medicare member.**

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
BASIC LIFE INSURANCE

BASIC LIFE - ACTIVE			BASIC LIFE - RETIREE			BASIC LIFE - WAIVER OF PREMIUM		
Coverage Code: LB01/Option Code: 100			*Coverage Code: LB01/Option Code: 300*			*Coverage Code: LB01/Option Code: 200*		
	Premium	**Amount of Coverage**		**Premium**	**Amount of Coverage**		**Premium**	**Amount of Coverage**
Under age 65	$ 5.37	$ 10,000	**Age 66 and under**	$ 2.56	$ 5,000	**Age 64 and under**	$ -	$ 10,000
Age 65 - 69	$ 3.49	$ 6,500	**Age 67 and over**	$ 1.28	$ 2,500	**Age 65 - 66**	$ -	$ 5,000
Age 70 and over	$ 2.69	$ 5,000				**Age 67 and over**	$ -	$ 2,500

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
State PEIA PPB Plan Option Codes

PEIA PPB PLAN A

Index Codes	Salary Tiers	Annual Deductibles		Annual Out-of-Pocket Maximums	
		Single Coverage	All Other Coverages	Single Coverage	All Other Coverages
001	$ - - $ 20,000	$ 100.00	$ 200.00	$ 800.00	$ 800.00
002	$ 20,001 - $ 30,000	$ 150.00	$ 300.00	$ 1,100.00	$ 1,100.00
003	$ 30,001 - $ 36,000	$ 200.00	$ 400.00	$ 1,250.00	$ 1,250.00
004	$ 36,001 - $ 42,000	$ 225.00	$ 450.00	$ 1,500.00	$ 1,500.00
005	$ 42,001 - $ 50,000	$ 250.00	$ 500.00	$ 1,750.00	$ 1,750.00
006	$ 50,001 - $ 62,500	$ 375.00	$ 750.00	$ 1,800.00	$ 1,800.00
007	$ 62,501 - $ 75,000	$ 400.00	$ 800.00	$ 1,850.00	$ 1,850.00
008	$ 75,001 - $ 100,000	$ 425.00	$ 850.00	$ 1,900.00	$ 1,900.00
009	$ 100,001 - $ 125,000	$ 500.00	$ 1,000.00	$ 2,000.00	$ 2,000.00
010	$ 125,001 +	$ 600.00	$ 1,200.00	$ 2,250.00	$ 2,250.00
011 *(Non-Medicare Retiree)*		$ 375.00	$ 750.00	$ 1,500.00	$ 1,500.00
012 *(Medicare Retiree)*		$ 150.00	$ 300.00	$ 1,000.00	$ 1,000.00
004 *(Legislature)*		$ 225.00	$ 450.00	$ 1,500.00	$ 1,500.00

PEIA PPB PLAN B

Index Codes	Salary Tiers	Annual Deductibles		Annual Out-of-Pocket Maximums	
		Single Coverage	All Other Coverages	Single Coverage	All Other Coverages
017	$ - - $ 20,000	$ 500.00	$ 1,000.00	$ 2,000.00	$ 4,000.00
017	$ 20,001 - $ 30,000	$ 500.00	$ 1,000.00	$ 2,000.00	$ 4,000.00
017	$ 30,001 - $ 36,000	$ 500.00	$ 1,000.00	$ 2,000.00	$ 4,000.00
017	$ 36,001 - $ 42,000	$ 500.00	$ 1,000.00	$ 2,000.00	$ 4,000.00
018	$ 42,001 - $ 50,000	$ 1,000.00	$ 1,500.00	$ 2,000.00	$ 4,000.00
018	$ 50,001 - $ 62,500	$ 1,000.00	$ 1,500.00	$ 2,000.00	$ 4,000.00
018	$ 62,501 - $ 75,000	$ 1,000.00	$ 1,500.00	$ 2,000.00	$ 4,000.00
018	$ 75,001 - $ 100,000	$ 1,000.00	$ 1,500.00	$ 2,000.00	$ 4,000.00
018	$ 100,001 - $ 125,000	$ 1,000.00	$ 1,500.00	$ 2,000.00	$ 4,000.00
018	$ 125,001 +	$ 1,000.00	$ 1,500.00	$ 2,000.00	$ 4,000.00
010 *(Legislature)*	$ 36,001 - $ 42,000	$ 500.00	$ 1,000.00	$ 2,000.00	$ 4,000.00

PEIA PPB AND MANAGED CARE COVERAGE CODES

Coverage Codes	Description
HI01	PPB Plan - Plan A
HI02	PPB Plan - Plan B
HMCL-1	Carelink - Plan A (Managed Care HMO)
HMCL-2	Carelink - Plan B (Managed Care HMO)
HMHP-A	The Health Plan - Plan A (Managed Care HMO)
HMHP-B	The Health Plan - Plan B (Managed Care HMO)

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
Active Employees of Non-State Agencies

REGIONS 1 & 2

	CARELINK - Plan A Standard (Tobacco User)				CARELINK - PLAN A Preferred (Tobacco Free)			
Tier	Employer	RHBT	Employee	Total	Employer	RHBT	Employee	Total
Employee Only	$ 382.31	$ 139.69	$ -	$ 522.00	$ 367.31	$ 139.69	$ -	$ 507.00
Employee and Child(ren)	$ 643.31	$ 139.69	$ -	$ 783.00	$ 613.31	$ 139.69	$ -	$ 753.00
Family	$ 1,114.31	$ 139.69	$ -	$ 1,254.00	$ 1,084.31	$ 139.69	$ -	$ 1,224.00

Tier	Employer	RHBT	Employee	Total	Employer	RHBT	Employee	Total
Employee Only			$ -	$ -			$ -	$ -
Employee and Child(ren)			$ -	$ -			$ -	$ -
Family			$ -	$ -			$ -	$ -

REGION 1

	THE HEALTH PLAN - PLAN A				THE HEALTH PLAN - PLAN B			
Tier	Employer	RHBT	Employee	Total	Employer	RHBT	Employee	Total
Employee Only	$ 342.31	$ 139.69	$ -	$ 482.00	$ 172.31	$ 139.69	$ -	$ 312.00
Employee and Child(ren)	$ 525.31	$ 139.69	$ -	$ 665.00	$ 338.31	$ 139.69	$ -	$ 478.00
Family	$ 990.31	$ 139.69	$ -	$ 1,130.00	$ 643.31	$ 139.69	$ -	$ 783.00

REGIONS 1 & 2

	PEIA PPB PLAN - PLAN A Standard - Tobacco User				PEIA PPB PLAN - PLAN A Preferred - Tobacco Free			
Tier	Employer	RHBT	Employee	Total	Employer	RHBT	Employee	Total
Employee Only	$ 367.31	$ 139.69	$ -	$ 507.00	$ 342.31	$ 139.69	$ -	$ 482.00
Employee and Child(ren)	$ 818.31	$ 139.69	$ -	$ 958.00	$ 768.31	$ 139.69	$ -	$ 908.00
Family	$ 909.31	$ 139.69	$ -	$ 1,049.00	$ 859.31	$ 139.69	$ -	$ 999.00

	PEIA PPB PLAN - PLAN B Standard - Tobacco User				PEIA PPB PLAN - PLAN B Preferred - Tobacco Free			
Tier	Employer	RHBT	Employee	Total	Employer	RHBT	Employee	Total
Employee Only	$ 321.31	$ 139.69	$ -	$ 461.00	$ 296.31	$ 139.69	$ -	$ 436.00
Employee and Child(ren)	$ 705.31	$ 139.69	$ -	$ 845.00	$ 655.31	$ 139.69	$ -	$ 795.00
Family	$ 789.31	$ 139.69	$ -	$ 929.00	$ 739.31	$ 139.69	$ -	$ 879.00

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
Non-State Agencies

COBRA

REGIONS 1 & 2	CARELINK - PLAN A Standard (Tobacco User)		CARELINK - PLAN A Preferred (Tobacco Free)					
COBRA Premiums								
Tier	**Employee**	**Total**	**Employee**	**Total**	**Employee**	**Total**	**Employee**	**Total**
Employee Only	$ 532.00	$ 532.00	$ 517.00	$ 517.00		$ -		$ -
Employee and Child(ren)	$ 799.00	$ 799.00	$ 769.00	$ 769.00		$ -		$ -
Family	$ 1,279.00	$ 1,279.00	$ 1,249.00	$ 1,249.00		$ -		$ -
COBRA Disability Premiums								
Employee Only	$ 783.00	$ 783.00	$ 768.00	$ 768.00		$ -		$ -
Employee and Child(ren)	$ 1,175.00	$ 1,175.00	$ 1,145.00	$ 1,145.00		$ -		$ -
Family	$ 1,881.00	$ 1,881.00	$ 1,851.00	$ 1,851.00		$ -		$ -

REGION 1	THE HEALTH PLAN PLAN A		THE HEALTH PLAN PLAN B					
COBRA Premiums								
Tier	**Employee**	**Total**	**Employee**	**Total**				
Employee Only	$ 492.00	$ 492.00	$ 318.00	$ 318.00				
Employee and Child(ren)	$ 678.00	$ 678.00	$ 488.00	$ 488.00				
Family	$ 1,153.00	$ 1,153.00	$ 799.00	$ 799.00				
COBRA Disability Premiums								
Employee Only	$ 723.00	$ 723.00	$ 468.00	$ 468.00				
Employee and Child(ren)	$ 998.00	$ 998.00	$ 717.00	$ 717.00				
Family	$ 1,695.00	$ 1,695.00	$ 1,175.00	$ 1,175.00				

REGIONS 1 & 2	PEIA PPB PLAN PLAN A Standard (Tobacco User)		PEIA PPB PLAN PLAN A Preferred (Tobacco Free)		PEIA PPB PLAN PLAN B Standard (Tobacco User)		PEIA PPB PLAN PLAN B Preferred (Tobacco Free)	
COBRA Premiums								
Tier	**Employee**	**Total**	**Employee**	**Total**	**Employee**	**Total**	**Employee**	**Total**
Employee Only	$ 517.00	$ 517.00	$ 492.00	$ 492.00	$ 470.00	$ 470.00	$ 445.00	$ 445.00
Employee and Child(ren)	$ 977.00	$ 977.00	$ 927.00	$ 927.00	$ 862.00	$ 862.00	$ 812.00	$ 812.00
Family	$ 1,070.00	$ 1,070.00	$ 1,020.00	$ 1,020.00	$ 948.00	$ 948.00	$ 898.00	$ 898.00
COBRA Disability Premiums								
Employee Only	$ 761.00	$ 761.00	$ 736.00	$ 736.00	$ 692.00	$ 692.00	$ 667.00	$ 667.00
Employee and Child(ren)	$ 1,437.00	$ 1,437.00	$ 1,387.00	$ 1,387.00	$ 1,268.00	$ 1,268.00	$ 1,218.00	$ 1,218.00
Family	$ 1,574.00	$ 1,574.00	$ 1,524.00	$ 1,524.00	$ 1,394.00	$ 1,394.00	$ 1,344.00	$ 1,344.00

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) Premiums
Retired Employees and Surviving Dependents

NON-MEDICARE

REGIONS 1 & 2

	CARELINK - PLAN A							
	Policyholder Only Standard (Tobacco User)	Policyholder Only Preferred (Tobacco Free)	Policyholder and Dependent(s) Standard (Tobacco User)	Policyholder and Dependent(s) Preferred (Tobacco Free)	Policyholder Only Standard (Tobacco User)	Policyholder Only Preferred (Tobacco Free)	Policyholder and Dependent(s) Standard (Tobacco User)	Policyholder and Dependent(s) Preferred (Tobacco Free)
5 to 9 years of service	$ 559.00	$ 544.00	$ 971.00	$ 941.00				
10 to 14 years of service	$ 512.00	$ 497.00	$ 889.00	$ 859.00				
15 to 19 years of service	$ 483.00	$ 468.00	$ 839.00	$ 809.00				
20 to 24 years of service	$ 455.00	$ 440.00	$ 790.00	$ 760.00				
25 or more years of service or retired prior to 7/1/97 or any surviving dependent or disability retiree	$ 426.00	$ 411.00	$ 741.00	$ 711.00				

REGION 1

	THE HEALTH PLAN PLAN A				THE HEALTH PLAN PLAN B			
	Policyholder Only		Policyholder and Dependent(s)		Policyholder Only		Policyholder and Dependent(s)	
5 to 9 years of service	$ 448.00		$ 857.00		$ 325.00		$ 618.00	
10 to 14 years of service	$ 410.00		$ 784.00		$ 298.00		$ 566.00	
15 to 19 years of service	$ 387.00		$ 741.00		$ 281.00		$ 534.00	
20 to 24 years of service	$ 365.00		$ 697.00		$ 265.00		$ 503.00	
25 or more years of service or retired prior to 7/1/97 or any surviving dependent or disability retiree	$ 342.00		$ 653.00		$ 248.00		$ 472.00	

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
Retired Employees and Surviving Dependents

NON-MEDICARE

REGIONS 1 & 2

	PEIA PPB PLAN A					
	Policyholder Only		Policyholder with Non-Medicare Dependent(s)		Policyholder with Medicare Dependent(s)*	
	Standard (Tobacco User)	Preferred (Tobacco Free)	Standard (Tobacco User)	Preferred (Tobacco Free)	Standard (Tobacco User)	Preferred (Tobacco Free)
5 to 9 years of service	$ 812.00	$ 787.00	$ 1,937.00	$ 1,887.00	$ 1,356.00	$ 1,306.00
10 to 14 years of service	$ 625.00	$ 600.00	$ 1,459.00	$ 1,409.00	$ 1,009.00	$ 959.00
15 to 19 years of service	$ 436.00	$ 411.00	$ 984.00	$ 934.00	$ 665.00	$ 615.00
20 to 24 years of service	$ 325.00	$ 300.00	$ 698.00	$ 648.00	$ 458.00	$ 408.00
25 or more years of service or retired prior to 7/1/97 or any surviving dependent or disability retiree	$ 252.00	$ 227.00	$ 507.00	$ 457.00	$ 318.00	$ 268.00

*This rate assumes one person on Medicare. If you have more than one, subtract $22 for each additional Medicare member.

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
Retired Employees and Surviving Dependents

MEDICARE

REGIONS 1 & 2

	PEIA PPB PLAN A					
	Medicare Retired Policyholder Only		Medicare Retired Policyholder with Non-Medicare Dependent(s)1		Medicare Retired Policyholder with Medicare Dependent(s)2	
	Standard (Tobacco User)	Preferred (Tobacco Free)	Standard (Tobacco User)	Preferred (Tobacco Free)	Standard (Tobacco User)	Preferred (Tobacco Free)
5 to 9 years of service	$ 349.00	$ 324.00	$ 1,176.00	$ 1,126.00	$ 722.00	$ 672.00
10 to 14 years of service	$ 256.00	$ 231.00	$ 884.00	$ 834.00	$ 521.00	$ 471.00
15 to 19 years of service	$ 163.00	$ 138.00	$ 592.00	$ 542.00	$ 321.00	$ 271.00
20 to 24 years of service	$ 108.00	$ 83.00	$ 416.00	$ 366.00	$ 198.00	$ 148.00
25 or more years of service or retired prior to 7/1/97 or any surviving dependent or disability retiree	$ 71.00	$ 46.00	$ 299.00	$ 249.00	$ 119.00	$ 69.00

[1]This rate assumes one person on Medicare. If you have more than one, subtract $22 for each additional Medicare member.

[2]This rate assumes two people on Medicare. If you have more than two, subtract $22 for each additional Medicare member.

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
BASIC LIFE INSURANCE

BASIC LIFE - ACTIVE			BASIC LIFE - RETIREE			BASIC LIFE - WAIVER OF PREMIUM		
Coverage Code: LB01/Option Code: 100			*Coverage Code: LB01/Option Code: 300*			*Coverage Code: LB01/Option Code: 200*		
	Premium	**Amount of Coverage**		**Premium**	**Amount of Coverage**		**Premium**	**Amount of Coverage**
Under age 65	$ 5.37	$ 10,000	**Age 66 and under**	$ 2.56	$ 5,000	**Age 64 and under**	$ -	$ 10,000
Age 65 - 69	$ 3.49	$ 6,500	**Age 67 and over**	$ 1.28	$ 2,500	**Age 65 - 66**	$ -	$ 5,000
Age 70 and over	$ 2.69	$ 5,000				**Age 67 and over**	$ -	$ 2,500

PLAN YEAR 2010
(July 1, 2009 - June 30, 2010)
PREMIUMS
PEIA PPB and Managed Care Coverage Codes

Coverage Codes	Description
HI01	PPB Plan - Plan A
HI02	PPB Plan - Plan B
HMCL-1	Carelink - Plan A (Managed Care HMO)
HMHP-A	The Health Plan - Plan A (Managed Care HMO)
HMHP-B	The Health Plan - Plan B (Managed Care HMO)

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
Retired Deputy Sheriffs of Non-State Agencies

REGION 1 & 2

	CARELINK - PLAN A Standard (Tobacco User)		CARELINK - PLAN A Preferred (Tobacco Free)					
Tier	Employee	Total	Employee	Total	Employee	Total	Employee	Total
Employee Only	$ 835.00	$ 835.00	$ 820.00	$ 820.00				
Employee and Dependent(s)	$ 1,532.00	$ 1,532.00	$ 1,502.00	$ 1,502.00				

	THE HEALTH PLAN PLAN A		THE HEALTH PLAN PLAN B			
Tier	Employee	Total	Employee	Total		
Employee Only	$ 730.03	$ 730.03	$ 524.35	$ 524.35		
Employee and Dependent(s)	$ 1,264.55	$ 1,264.55	$ 898.92	$ 898.92		

	PEIA PPB PLAN PLAN A Standard (Tobacco User)		PEIA PPB PLAN PLAN A Preferred (Tobacco Free)	
Tier	Employee	Total	Employee	Total
Employee Only	$ 481.00	$ 481.00	$ 466.00	$ 466.00
Employee and Dependent(s)	$ 1,147.00	$ 1,147.00	$ 1,117.00	$ 1,117.00

	PEIA PPB PLAN - PLAN B Standard (Tobacco User)		PEIA PPB PLAN - PLAN B Preferred (Tobacco Free)	
Tier	Employee	Total	Employee	Total
Employee Only	$ 248.00	$ 248.00	$ 233.00	$ 233.00
Employee and Dependent(s)	$ 588.00	$ 588.00	$ 558.00	$ 558.00

Non-State Retired Deputy Sheriffs PEIA PPB Plan Option Codes

Plan	Option Codes	Annual Deductibles	Annual Out-of-Pocket Maximums
PPB Plan A - Single	004	$ 225.00	$ 1,500.00
PPB Plan A - Family	004	$ 450.00	$ 1,500.00
PPB Plan B - Single	013	$ 500.00	$ 2,000.00
PPB Plan B - Family	014	$ 1,000.00	$ 4,000.00

PEIA PPB AND MANAGED CARE COVERAGE CODES

Coverage Codes	Description
HI01	PPB Plan - Plan A
HI02	PPB Plan - Plan B
HMCL-1	Carelink - Plan A (Managed Care HMO)
HMHP-A	The Health Plan - Plan A (Managed Care HMO)
HMHP-B	The Health Plan - Plan B (Managed Care HMO)

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010)
PREMIUMS
Retired Employees and Surviving Dependents of Non-Participating Agencies

RETIREMENT DATE ***PRIOR TO*** JUNE 30, 1997

REGION 1 AND REGION 2

PEIA PPB PLAN A

Non-Medicare Policyholder Only	Non-Medicare Policyholder with Non-Medicare Dependent(s)	Non-Medicare Policyholder with Medicare Dependent(s)
$ 242.00	$ 613.00	$ 445.00

Medicare Policyholder Only	Medicare Policyholder with Non-Medicare Dependent(s)	Medicare Policyholder with Medicare Dependent(s)
$ 133.00	$ 421.00	$ 288.00

PLAN YEAR 2010 (July 1, 2009 - June 30, 2010) PREMIUMS
Retired Employees and Surviving Dependents
of Non-Participating Agencies

RETIREMENT DATE ***AFTER*** JUNE 30, 1997

REGION 1 AND REGION 2

	PEIA PPB PLAN A		
	Non-Medicare Policyholder Only	**Non-Medicare Policyholder with Non-Medicare Dependent(s)**	**Non-Medicare Policyholder with Medicare Dependent(s)**
5 to 9 years of service	$ 153.00	$ 391.00	$ 284.00
10 to 14 years of service	$ 308.00	$ 781.00	$ 568.00
15 to 19 years of service	$ 462.00	$ 1,172.00	$ 852.00
20 to 24 years of service	$ 554.00	$ 1,407.00	$ 1,023.00
25 or more years of service or retired prior to 7/1/97 or any surviving dependent or disability retiree	$ 616.00	$ 1,564.00	$ 1,136.00

	Medicare Policyholder Only	**Medicare Policyholder with Non-Medicare Dependent(s)**	**Medicare Policyholder with Medicare Dependent(s)**
5 to 9 years of service	$ 84.00	$ 268.00	$ 184.00
10 to 14 years of service	$ 170.00	$ 536.00	$ 368.00
15 to 19 years of service	$ 254.00	$ 804.00	$ 552.00
20 to 24 years of service	$ 306.00	$ 965.00	$ 662.00
25 or more years of service or retired prior to 7/1/97 or any surviving dependent or disability retiree	$ 340.00	$ 1,072.00	$ 735.00