

CITY OF DALLAS
2008 Health Benefits Cost Per Month

2008 Health Plans	MEMBER PORTION							CITY PORTION
	80/20			70/30			EPO	
	\$300 Deductible	\$1,000 Deductible	\$3,000 Deductible	\$300 Deductible	\$1,000 Deductible	\$3,000 Deductible		
Active Employee								
Member Only	\$131	\$58	\$39	\$111	\$36	\$16	\$180	\$221
Member + Spouse	\$518	\$371	\$330	\$460	\$325	\$282	\$701	\$221
Member + Child(ren)	\$268	\$140	\$105	\$218	\$100	\$65	\$511	\$359
Member + Family	\$656	\$453	\$396	\$575	\$388	\$331	\$1,043	\$359
Permanent Part-Time								
Member Only	\$242	\$169	\$150	\$222	\$147	\$127	\$291	\$111
Member + Spouse	\$629	\$482	\$441	\$571	\$436	\$393	\$812	\$111
Member + Child(ren)	\$448	\$320	\$285	\$398	\$280	\$245	\$691	\$180
Member + Family	\$836	\$633	\$576	\$755	\$568	\$511	\$1,223	\$180
Council Members								
Member Only	\$352	\$279	\$260	\$332	\$257	\$237	\$401	\$0
Member + Spouse	\$739	\$592	\$551	\$681	\$546	\$503	\$922	\$0
Member + Child(ren)	\$627	\$499	\$464	\$577	\$549	\$424	\$870	\$0
Member + Family	\$1,015	\$812	\$755	\$937	\$747	\$690	\$1,402	\$0
Cobra								
Member Only	\$359	\$285	\$265	\$339	\$262	\$242	\$409	\$0
Member + Spouse	\$754	\$604	\$562	\$695	\$557	\$513	\$940	\$0
Member + Child(ren)	\$640	\$509	\$473	\$589	\$468	\$432	\$887	\$0
Member + Family	\$1,035	\$828	\$770	\$953	\$762	\$704	\$1,430	\$0
<65 Retiree								
Member Only	\$451	\$305	\$264	\$395	\$260	\$219	\$503	\$270
Member + Spouse	\$1,145	\$863	\$784	\$1,033	\$774	\$693	\$1,510	\$270
Member + Child(ren)	\$721	\$522	\$466	\$643	\$459	\$403	\$1,408	\$270
Member + Family	\$1,404	\$1,072	\$978	\$1,272	\$965	\$871	\$2,433	\$270
>65 Retiree								
Member Only	\$294	\$201	\$174	\$257	\$171	\$144		\$176
Member + Spouse >65	\$748	\$568	\$516	\$675	\$510	\$457		\$176
Member + Spouse <65	947	716	650	\$854	\$642	\$575		\$176
Member + Child(ren)	\$599	\$448	\$404	\$538	\$398	\$354		\$176
Member + Family Spouse >65	\$1,041	\$806	\$737	\$945	\$728	\$658		\$176
Member + Family Spouse <65	\$1,223	\$939	\$858	\$1,109	\$847	\$765		\$176

PRESCRIPTION PLAN		
	Retail	Mail Order
Tier One	10% with a \$10 Minimum	10% with a \$10 Minimum
Tier Two	25% with \$25 Minimum	25% with \$25 Minimum
Tier Three	40% with a \$40 Minimum	40% with a \$40 Minimum
Annual Drug Deductible: \$75 Combined Retail and Mail Order Deductible per Individual		
Out-of-Pocket Drug Max: \$2500 Combined Retail and Mail Order Annual Out-Of-Pocket Maximum per Individual		

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Additional Plans for >65 Retirees

Plan	Member Portion	City Portion	Total
Enhanced Medicare Part D Prescription Only			
Retiree Only	\$76.47	\$76.47	\$152.94
Retiree + Spouse	\$152.94	\$152.94	\$305.88
Spouse Only	\$229.41	\$229.41	\$458.82
AARP Medicare Supplement Plan C (Post 6 Month Eligibility)			
Retiree Only	\$85.25	\$82.50	\$167.75
Retiree + Spouse	\$247.47	\$71.25	\$318.72
Spouse Only	\$162.23	\$5.52	\$167.75
AARP Medicare Supplement Plan F (Post 6 Month Eligibility)			
Retiree Only	\$86.00	\$82.75	\$168.75
Retiree + Spouse	\$249.02	\$71.60	\$320.62
Spouse Only	\$163.01	\$5.74	\$168.75
AARP Medicare Supplement Plan K (Post 6 Month Eligibility)			
Retiree Only	\$51.50	\$77.01	\$128.51
Retiree + Spouse	\$154.50	\$77.01	\$231.51
Spouse Only	\$103.00	\$0.00	\$103.00

Medicare Complete HMO Plans						
Plan	Group HMO Plan 1			Group HMO Plan 2		
	Member Portion	City Portion	Total	Member Portion	City Portion	Total
Retiree Only	\$89.30	\$89.30	\$178.60	\$57.19	\$57.19	\$114.38
Retiree + Spouse	\$178.60	\$178.60	\$357.20	\$152.94	\$152.94	\$305.88
Spouse Only	\$267.90	\$267.90	\$535.80	\$229.41	\$229.41	\$458.82