

MEDICAL DENTAL RATES 2010-2011 PER PAY PERIOD

Blue Cross Blue Shield	Adm, Exempt Certified	10 Month Classified	12 Month classified	
PPO	Single	\$ 24.89	\$ 31.45	\$ 24.89
	Sgle/Spouse	\$ 53.01	\$ 388.36	\$ 53.01
	Sgle/Child(ren)	\$ 50.87	\$ 372.69	\$ 50.87
	Family	\$ 78.71	\$ 715.81	\$ 78.71
HMO Illinois	Single	\$ 21.39	\$ 27.02	\$ 21.39
	Sgle/Spouse	\$ 46.98	\$ 344.16	\$ 46.98
	Sgle/Child(ren)	\$ 45.08	\$ 330.27	\$ 45.08
	Family	\$ 69.75	\$ 634.34	\$ 69.75
Blue Advantage HMO	Single	\$ 19.04	\$ 24.05	\$ 19.04
	Sgle/Spouse	\$ 41.81	\$ 306.30	\$ 41.81
	Sgle/Child(ren)	\$ 40.12	\$ 293.94	\$ 40.12
	Family	\$ 62.08	\$ 564.56	\$ 62.08

AETNA DENTAL

PPO	Single	\$ 2.70	\$ 13.62	\$ 10.78
	Sgle/Spouse	\$ 7.50	\$ 37.89	\$ 30.00
	Sgle/Child(ren)	\$ 7.82	\$ 39.49	\$ 31.26
	Family	\$ 11.60	\$ 58.63	\$ 46.42
HMO	Single	\$ 2.59	\$ 13.11	\$ 10.38
	Sgle/Spouse	\$ 5.00	\$ 25.27	\$ 20.01
	Sgle/Child(ren)	\$ 5.50	\$ 27.80	\$ 22.01
	Family	\$ 8.30	\$ 41.92	\$ 33.19