

Health and Dental Benefits Options and Costs for 2009 For Employees of DeKalb County, Georgia

Note: All dental and vision coverage must be selected separately from medical coverage.

Major Medical/PPO Plan Options

	<u>CIGNA High PPO</u>		<u>CIGNA Low PPO</u>	
	<u>Monthly</u>	<u>Bi-weekly</u>	<u>Monthly</u>	<u>Bi-weekly</u>
Employee Only	\$95.84	\$47.92	\$92.78	\$46.39
Employee + 1 dependent	248.23	124.12	240.30	120.15
Employee + Family	297.11	148.56	287.61	143.81

All CIGNA plans include Caremark prescription drug coverage.

Health Maintenance (HMO) Options (All HMO's will have a minimum \$15.00 co-pay per office visit.)

	<u>CIGNA HMO</u>		<u>Kaiser Permanente HMO</u>	
	<u>Monthly</u>	<u>Bi-weekly</u>	<u>Monthly</u>	<u>Bi-weekly</u>
Employee Only	\$116.83	\$58.42	\$101.48	\$50.74
Employee + 1 dependent	302.58	151.29	262.91	131.45
Employee + Family	361.00	180.50	314.14	157.07

All CIGNA plans include Caremark prescription drug coverage.

Dental Options

	<u>High Option</u>		<u>Low Option</u>	
	<u>Monthly</u>	<u>Bi-weekly</u>	<u>Monthly</u>	<u>Bi-weekly</u>
United Concordia Dental				
Employee Only	\$7.37	\$3.68	\$5.98	\$2.99
Employee + 1 dependent	14.73	7.36	11.95	5.97
Employee + Family	22.10	11.05	14.94	7.47

Vision Options

	<u>High Option</u>		<u>Low Option</u>	
	<u>Monthly</u>	<u>Bi-weekly</u>	<u>Monthly</u>	<u>Bi-weekly</u>
EyeMed				
Employee Only	\$5.55	\$2.77	\$4.52	\$2.26
Employee + 1 dependent	10.54	5.27	8.58	4.29
Employee + Family	15.48	7.74	12.59	6.29

MAIL OR BRING APPLICATIONS TO: Payroll/Personnel Administrators in the various departments.

If you have questions about a specific benefit plan, please call that plan's information number first.

If you need materials or have general questions, please call your departmental payroll/personnel administrator.