

CITY OF LAKELAND
HEALTH INSURANCE PREMIUMS - Based On Years Of Service
Employees with 10 To 14 Years of Service
EFFECTIVE 10/01/2007
CITY SUBSIDY 15%

Based on 24 Pays/Bi-Monthly						
Deductible Options				Monthly	Monthly	Monthly
<u>Single - W/O Medicare:</u>	<u>Retiree</u>	<u>City</u>	<u>Total</u>	<u>Retiree</u>	<u>City</u>	<u>Total</u>
Plan - A (\$300)	\$ 139.38	\$ 22.83	\$ 162.21	\$ 278.76	\$ 45.66	\$ 324.42
Plan - B (\$500)	\$ 131.33	\$ 21.41	\$ 152.74	\$ 262.66	\$ 42.82	\$ 305.48
Plan - C (\$750)	\$ 131.80	\$ 21.50	\$ 153.30	\$ 263.60	\$ 43.00	\$ 306.60
<u>Family - W/O Medicare:</u>						
Plan - A (\$300/\$500)	\$ 346.60	\$ 59.40	\$ 406.00	\$ 693.20	\$ 118.80	\$ 812.00
Plan - B (\$500/\$1000)	\$ 328.11	\$ 56.14	\$ 384.25	\$ 656.22	\$ 112.28	\$ 768.50
Plan - C (\$750/\$1500)	\$ 298.86	\$ 50.98	\$ 349.84	\$ 597.72	\$ 101.96	\$ 699.68
<u>Single - W/Medicare:</u>						
Plan - A (\$300)	\$ 92.64	\$ 14.58	\$ 107.22	\$ 185.28	\$ 29.16	\$ 214.44
Plan - B (\$500)	\$ 87.57	\$ 13.69	\$ 101.26	\$ 175.14	\$ 27.38	\$ 202.52
Plan - C (\$750)	\$ 79.11	\$ 12.21	\$ 91.32	\$ 158.22	\$ 24.42	\$ 182.64
<u>Family - 1W/Medicare:</u>						
Plan - A (\$300/\$500)	\$ 290.02	\$ 49.42	\$ 339.44	\$ 580.04	\$ 98.84	\$ 678.88
Plan - B (\$500/\$1000)	\$ 276.26	\$ 47.00	\$ 323.26	\$ 552.52	\$ 94.00	\$ 646.52
Plan - C (\$750/\$1500)	\$ 245.21	\$ 41.52	\$ 286.73	\$ 490.42	\$ 83.04	\$ 573.46
<u>Family - 2W/Medicare:</u>						
Plan - A (\$300/\$500)	\$ 146.90	\$ 24.16	\$ 171.06	\$ 293.80	\$ 48.32	\$ 342.12
Plan - B (\$500/\$1000)	\$ 138.36	\$ 22.66	\$ 161.02	\$ 276.72	\$ 45.32	\$ 322.04
Plan - C (\$750/\$1500)	\$ 124.97	\$ 20.29	\$ 145.26	\$ 249.94	\$ 40.58	\$ 290.52

IF RETIREE IS NON TOBACCO THE BI-MONTHLY RATE WILL BE REDUCED \$10.00

CITY OF LAKE LAND
 HEALTH INSURANCE PREMIUMS - Based On Years Of Service
Employees with 15 To 19 Years of Service
 EFFECTIVE 10/01/2007
 CITY SUBSIDY 25%

Based on 24 Pays/Bi-Monthly

<u>Deductible Options</u>				Retiree	Monthly	Monthly
<u>Single - W/O Medicare:</u>	Retiree	City	Total	Monthly	City	Total
Plan - A (\$300)	\$ 124.16	\$ 38.05	\$ 162.21	\$ 248.32	\$ 76.10	\$ 324.42
Plan - B (\$500)	\$ 117.05	\$ 35.69	\$ 152.74	\$ 234.10	\$ 71.38	\$ 305.48
Plan - C (\$750)	\$ 117.47	\$ 35.83	\$ 153.30	\$ 234.94	\$ 71.66	\$ 306.60
<u>Family - W/O Medicare:</u>				Retiree	Monthly	Monthly
Plan - A (\$300/\$500)	\$ 307.00	\$ 99.00	\$ 406.00	\$ 614.00	\$ 198.00	\$ 812.00
Plan - B (\$500/\$1000)	\$ 290.69	\$ 93.56	\$ 384.25	\$ 581.38	\$ 187.12	\$ 768.50
Plan - C (\$750/\$1500)	\$ 264.88	\$ 84.96	\$ 349.84	\$ 529.76	\$ 169.92	\$ 699.68
<u>Single - W/Medicare:</u>				Retiree	Monthly	Monthly
Plan - A (\$300)	\$ 82.91	\$ 24.31	\$ 107.22	\$ 165.82	\$ 48.62	\$ 214.44
Plan - B (\$500)	\$ 78.45	\$ 22.81	\$ 101.26	\$ 156.90	\$ 45.62	\$ 202.52
Plan - C (\$750)	\$ 70.98	\$ 20.34	\$ 91.32	\$ 141.96	\$ 40.68	\$ 182.64
<u>Family - 1W/Medicare:</u>				Retiree	Monthly	Monthly
Plan - A (\$300/\$500)	\$ 257.08	\$ 82.36	\$ 339.44	\$ 514.16	\$ 164.72	\$ 678.88
Plan - B (\$500/\$1000)	\$ 244.93	\$ 78.33	\$ 323.26	\$ 489.86	\$ 156.66	\$ 646.52
Plan - C (\$750/\$1500)	\$ 217.54	\$ 69.19	\$ 286.73	\$ 435.08	\$ 138.38	\$ 573.46
<u>Family - 2W/Medicare:</u>				Retiree	Monthly	Monthly
Plan - A (\$300/\$500)	\$ 130.80	\$ 40.26	\$ 171.06	\$ 261.60	\$ 80.52	\$ 342.12
Plan - B (\$500/\$1000)	\$ 123.25	\$ 37.77	\$ 161.02	\$ 246.50	\$ 75.54	\$ 322.04
Plan - C (\$750/\$1500)	\$ 111.45	\$ 33.81	\$ 145.26	\$ 222.90	\$ 67.62	\$ 290.52

IF RETIREE IS NON TOBACCO THE BI-MONTHLY RATE WILL BE REDUCED \$10.00

CITY OF LAKELAND
HEALTH INSURANCE PREMIUMS - Based On Years Of Service
Employees with 20 Years Or more of Service
EFFECTIVE 10/01/2007
CITY SUBSIDY 35%

	Based on 24 Pays/Bi-Monthly					
Deductible Options				Retiree	Monthly	Monthly
<u>Single - W/O Medicare:</u>	<u>Retiree</u>	<u>City</u>	<u>Total</u>	<u>Monthly</u>	<u>City</u>	<u>Total</u>
Plan - A (\$300)	\$ 108.94	\$ 53.27	\$ 162.21	\$ 217.88	\$ 106.54	\$ 324.42
Plan - B (\$500)	\$ 102.78	\$ 49.96	\$ 152.74	\$ 205.56	\$ 99.92	\$ 305.48
Plan - C (\$750)	\$ 103.14	\$ 50.16	\$ 153.30	\$ 206.28	\$ 100.32	\$ 306.60
 <u>Family - W/O Medicare:</u>						
Plan - A (\$300/\$500)	\$ 267.40	\$ 138.60	\$ 406.00	\$ 534.80	\$ 277.20	\$ 812.00
Plan - B (\$500/\$1000)	\$ 253.26	\$ 130.99	\$ 384.25	\$ 506.52	\$ 261.98	\$ 768.50
Plan - C (\$750/\$1500)	\$ 230.90	\$ 118.94	\$ 349.84	\$ 461.80	\$ 237.88	\$ 699.68
 <u>Single - W/Medicare:</u>						
Plan - A (\$300)	\$ 73.19	\$ 34.03	\$ 107.22	\$ 146.38	\$ 68.06	\$ 214.44
Plan - B (\$500)	\$ 69.32	\$ 31.94	\$ 101.26	\$ 138.64	\$ 63.88	\$ 202.52
Plan - C (\$750)	\$ 62.85	\$ 28.47	\$ 91.32	\$ 125.70	\$ 56.94	\$ 182.64
 <u>Family - 1W/Medicare:</u>						
Plan - A (\$300/\$500)	\$ 224.14	\$ 115.30	\$ 339.44	\$ 448.28	\$ 230.60	\$ 678.88
Plan - B (\$500/\$1000)	\$ 213.61	\$ 109.65	\$ 323.26	\$ 427.22	\$ 219.30	\$ 646.52
Plan - C (\$750/\$1500)	\$ 189.87	\$ 96.86	\$ 286.73	\$ 379.74	\$ 193.72	\$ 573.46
 <u>Family - 2W/Medicare:</u>						
Plan - A (\$300/\$500)	\$ 114.69	\$ 56.37	\$ 171.06	\$ 229.38	\$ 112.74	\$ 342.12
Plan - B (\$500/\$1000)	\$ 108.15	\$ 52.87	\$ 161.02	\$ 216.30	\$ 105.74	\$ 322.04
Plan - C (\$750/\$1500)	\$ 97.92	\$ 47.34	\$ 145.26	\$ 195.84	\$ 94.68	\$ 290.52

IF RETIREE IS NON TOBACCO THE BI-MONTHLY RATE WILL BE REDUCED \$10.00

CITY OF LAKE LAND
 HEALTH INSURANCE PREMIUMS - Based on Years of Service
CURRENT RETIREES
 EFFECTIVE 10/01/2007
 CITY SUBSIDY 15%

RETIREES	Based on 24 Pays/Bi-Monthly					
Deductible Options				Retiree	Monthly	Monthly
<u>Single - W/O Medicare:</u>	<u>Retiree</u>	<u>City</u>	<u>Total</u>	<u>Monthly</u>	<u>City</u>	<u>Total</u>
Plan - A (\$300)	\$ 108.94	\$ 53.27	\$ 162.21	\$ 217.88	\$ 106.54	\$ 324.42
Plan - B (\$500)	\$ 102.78	\$ 49.96	\$ 152.74	\$ 205.56	\$ 99.92	\$ 305.48
Plan - C (\$750)	\$ 103.14	\$ 50.16	\$ 153.30	\$ 206.28	\$ 100.32	\$ 306.60
<u>Family - W/O Medicare:</u>						
Plan - A (\$300/\$500)	\$ 267.40	\$ 138.60	\$ 406.00	\$ 534.80	\$ 277.20	\$ 812.00
Plan - B (\$500/\$1000)	\$ 253.26	\$ 130.99	\$ 384.25	\$ 506.52	\$ 261.98	\$ 768.50
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<u>Single - W/Medicare:</u>						
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Plan - B (\$500)	\$ 69.32	\$ 31.94	\$ 101.26	\$ 138.64	\$ 63.88	\$ 202.52
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Plan - B (\$500/\$1000)	\$ 213.61	\$ 109.65	\$ 323.26	\$ 427.22	\$ 219.30	\$ 646.52
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<u>Family - 2W/Medicare:</u>						
Plan - A (\$300/\$500)	\$ 114.69	\$ 56.37	\$ 171.06	\$ 229.38	\$ 112.74	\$ 342.12
Plan - B (\$500/\$1000)	\$ 108.15	\$ 52.87	\$ 161.02	\$ 216.30	\$ 105.74	\$ 322.04
Plan - C (\$750/\$1500)	\$ 97.92	\$ 49.34	\$ 147.26	\$ 195.84	\$ 98.68	\$ 294.52

IF RETIREE IS NON TOBACCO THE BI-MONTHLY RATE WILL BE REDUCED \$10.00