

VALENCIA COMMUNITY COLLEGE
2010 Health Insurance Premium Rates

Shown below are the **monthly** premium rates for Plan Year 2010:

	OPEN ACCESS PLUS (OAP)		OAP IN-NETWORK (similar HMO)		HRA PLAN	
	Current 2009 Rates	2010 Rates	Current 2009 Rates	2010 Rates	Current 2009 Rates	2010 Rates
Employee* (College paid)	\$0.00*	\$0.00*	\$0.00*	\$0.00*	\$0.00*	\$0.00*
Spouse/Domestic Partner	\$404.00	\$391.88	\$439.00	\$425.83	\$337.00	\$326.89
Child 1-2	\$290.00	\$281.30	\$408.00	\$395.76	\$337.00	\$326.89 (1 dep. only)
Children 3 or more	\$380.00	\$368.60	\$408.00	\$395.76	\$497.00	\$482.09 (2 or more dep.)
Family - Spouse & 1-2 child	\$621.00	\$602.37	\$846.00	\$820.62	\$497.00	\$482.09 (2 or more dep.)
Family - Spouse & 3 or more children	\$621.00	\$602.37	\$906.00	\$878.82	\$497.00	\$482.09 (2 or more dep.)
Retiree (no Medicare)	\$452.00	\$483.00	\$490.00	\$498.00	N/A	N/A
Retiree - Spouse/Domestic Partner	\$404.00	\$391.88	\$439.00	\$425.83	N/A	N/A
Retiree - Child 1-2	\$290.00	\$281.30	\$408.00	\$395.76	N/A	N/A
Retiree - Children 3 or more	\$380.00	\$368.60	\$408.00	\$395.76	N/A	N/A
Retiree - Family Spouse & 1-2 child	\$621.00	\$602.37	\$846.00	\$820.62	N/A	N/A
Retiree - Family Spouse & 3 or more children	\$621.00	\$602.37	\$906.00	\$878.82	N/A	N/A
NEW Medicare COB Part D - Retired Employee	\$452.00	\$310.25	\$490.00	\$498.00	N/A	N/A
NEW Medicare COB Part D - Retiree & Spouse	\$856.00	\$609.73	\$439.00	\$923.83	N/A	N/A
NEW Med. COB Part D-Retiree & Spouse (with only one retiree or spouse enrolled in Medicare)		\$727.50				
NEW Med. COB Part D-Retiree & non-Medicare child		\$616.23				
NEW Med. COB Part D-Retiree & non-Medicare family members		\$1,079.83				
**COBRA - Participant	\$452.00	\$483.00	\$490.00	\$498.00	\$436.00	\$511.00
**COBRA - Spouse/Domestic Partner	\$404.00	\$391.88	\$439.00	\$425.83	\$379.00	\$326.89
**COBRA - Child 1-2	\$290.00	\$281.30	\$408.00	\$395.76	\$379.00	\$326.89 (1 dep. only)
**COBRA - Children 3 or more	\$380.00	\$368.60	\$408.00	\$395.76	\$580.00	\$482.09 (2 or more dep.)
**COBRA - Family Spouse & 1-2 child	\$621.00	\$602.37	\$846.00	\$820.62	\$580.00	\$482.09 (2 or more dep.)
**COBRA - Family Spouse & 3 or more children	\$621.00	\$602.37	\$906.00	\$878.82	\$580.00	\$482.09 (2 or more dep.)

DENTAL & VISION INSURANCE	DENTAL	VISION
	2010 Rates	2010 Rates
Employee/Retiree only	\$0.00*	\$5.46
Spouse/Domestic Partner	\$32.14	\$5.45
Child(ren)	\$31.50	\$5.56
Family	\$44.00	\$11.90

	VISION FOR
	OPT OUT PLAN ONLY
Employee only	\$0.00*
Spouse/Domestic Partner	\$5.45
Child(ren)	\$5.56
Family	\$11.90

OPT OUT PLAN: For those employees who do not need health insurance, the College will pay for employee only coverage for both dental and vision and provide a Healthcare Flexible Spending Account in the amount of \$600. Employees in the Opt Out Plan may elect and pay to cover dependents under the dental and vision plans only.

*The college covers the cost of employee-only health insurance or Opt Out Plan. The college also pays for each employee to have dental coverage and a \$25,000 basic term life insurance policy. Employees may elect to cover dependents under dental and vision only without enrollment of their dependents into the health plan. Retiree only coverage for dental is \$23.95 per month.

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**Add a 2% administrative fee to the COBRA coverage premium as allowed by law.