

**Unit 5 2008 Rates**

**Rates and Enhancements go into effect Dec. 1st; Plans can be changed effective Jan. 1st**

		\$300 Deductible		\$500 Deductible		\$2,000 Deductible			HSA Amount
		Current	Renewal	Current	Renewal	Current	HSA Amount	Renewal	
HCSC Primary:	Employee Amou	\$440.00	\$457.31	\$429.00	\$448.28	\$363.00	\$77.00	\$371.28	\$77.00
To add	Spouse	\$303.00	\$315.00	\$293.00	\$299.00	\$248.00		\$253.00	
To add	Child(ren)	\$278.00	\$289.00	\$269.00	\$275.00	\$228.00		\$233.00	
To add	Family	\$581.00	\$604.00	\$562.00	\$573.00	\$475.00		\$485.00	
To add	Family Dual Spc	\$208.00	\$219.00	\$189.00	\$195.00	\$102.00		\$107.00	
To add	Dependent Deni	\$62.00	\$75.00	\$62.00	\$75.00	\$62.00		\$75.00	

**\$300 Deductible Plan Changes:**

- Added Unlimited Wellness (Age Appropriate)
- \$10-\$20-\$35 Rx Card Co-Pay (Was \$10-\$25-\$50)
- Office visit Co-Pay to \$20 (Was \$25)
- Vision Benefit Change (See Below)

**\$500 Deductible Plan Changes**

- Added Unlimited Wellness (Age Appropriate)
- Vision Benefit Change (See Below)
- Please Note: If you choose this plan, employee receives the same benefit plans as dependent(s). (Office Co-pay is \$25, Rx Co-Pay is \$10-\$25-\$50)**

**\$2,000 Deductible Plan (HSA) Changes**

- Added Unlimited Wellness (Age Appropriate)
- Vision Benefit Change (See Below)

	Vision Benefits	
	Current	New
Exam	\$32	\$40
Single Vision Lens	\$28	\$35
Bifocal Lens	\$50	\$55
Trifocal Lens	\$70	\$75
Lenticular Lens	\$140	\$150
Contact Lens	\$140	\$150
Frames	\$28	\$35