

2016 Medical/Dental/Vision/Mail Order Drug Active and COBRA Rates

Traditional Medical PPO	2016 Monthly Medical Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
Active Contributions	\$102.24	\$214.72	\$194.24	\$306.76
Medical Rates	\$716.38	\$1504.40	\$1361.12	\$2149.14
COBRA Rates	\$730.71	\$1534.49	\$1388.34	\$2192.12

Traditional Dental	2016 Monthly Dental Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + child(ren)
Active Contributions	\$9.04	\$19.00	\$19.92	\$29.88
Dental Rates	\$46.41	\$97.46	\$102.10	\$153.15
COBRA Rates	\$47.34	\$99.41	\$104.14	\$156.22

Aetna Dental HMO	2016 Monthly Dental HMO Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
Active Contributions	\$0	\$0	\$0	\$0
Dental Rates	\$20.44	\$42.93	\$38.85	\$61.34
COBRA Rates	\$20.85	\$43.79	\$39.63	\$62.57

	2016 Monthly Vision Plan (VSP plus) Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
Active Contributions	\$12.51	\$19.52	\$23.39	\$31.28

	2016 Monthly Vision Plan (VSP) Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
Active Contributions	\$9.90	\$16.92	\$17.35	\$27.47

	2016 Monthly Superior Vision Plan Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
Active Contributions	\$7.87	\$15.84	\$12.94	\$22.15

	2016 CVS Mail Order Prescription Drug Rates	
	Generic	Name Brand
Co-pay for 90 day supply	\$30.00	\$95.00

United Flight Attendant 2016 HMO and HMO COBRA Rates

Name of Plan	EMPLOYEE COST				COBRA COST			
	You Only (EE)	You + Spouse (EE)	You + Child(ren) (EE)	You + Family (EE)	You Only (Cobra)	You + Spouse (Cobra)	You + Child(ren) (Cobra)	You + Family (Cobra)
HMSA HI HMO - sUA	\$ -	\$ -	\$ -	\$ -	\$ 552.30	\$ 1,160.03	\$ 1,049.01	\$ 1,656.72
Kaiser N CA HMO - sUA	\$ -	\$ -	\$ -	\$ -	\$ 598.39	\$ 1,256.64	\$ 1,136.73	\$ 1,794.98
Kaiser S CA HMO - sUA	\$ -	\$ -	\$ -	\$ -	\$ 484.30	\$ 1,017.04	\$ 919.95	\$ 1,452.69
Kaiser Denver HMO - sUA	\$ -	\$ -	\$ -	\$ -	\$ 532.89	\$ 1,119.08	\$ 1,012.28	\$ 1,598.47
Kaiser HI HMO	\$ -	\$ -	\$ -	\$ -	\$ 531.47	\$ 1,116.12	\$ 1,009.60	\$ 1,594.24
Kaiser Northwest HMO	\$ -	\$ -	\$ -	\$ -	\$ 534.85	\$ 1,123.20	\$ 1,016.01	\$ 1,604.36
Kaiser Mid-Atlantic HMO	\$ -	\$ -	\$ -	\$ -	\$ 524.96	\$ 1,102.45	\$ 997.29	\$ 1,574.72
Group Health WA HMO	\$ -	\$ -	\$ -	\$ -	\$ 581.97	\$ 1,222.14	\$ 1,105.51	\$ 1,745.73
Kaiser Atlanta HMO	\$ -	\$ -	\$ -	\$ -	\$ 559.92	\$ 1,175.85	\$ 1,063.64	\$ 1,679.57
HealthSpan OH HMO	\$ -	\$ -	\$ -	\$ -	\$ 613.10	\$ 1,287.57	\$ 1,164.69	\$ 1,839.12
Aetna Select Detroit	\$ -	\$ -	\$ -	\$ -	\$ 562.81	\$ 1,181.91	\$ 1,069.33	\$ 1,688.43
Aetna Select MN	\$ 114.64	\$ 240.84	\$ 217.84	\$ 344.04	\$ 743.39	\$ 1,561.13	\$ 1,412.44	\$ 2,230.18
Aetna Select NC	\$ 94.92	\$ 199.40	\$ 180.36	\$ 284.88	\$ 723.27	\$ 1,518.89	\$ 1,374.22	\$ 2,169.84
Aetna Select NY	\$ -	\$ -	\$ -	\$ -	\$ 496.50	\$ 1,042.65	\$ 943.34	\$ 1,489.50
Aetna Select NJ	\$ -	\$ -	\$ -	\$ -	\$ 496.50	\$ 1,042.65	\$ 943.34	\$ 1,489.50
Aetna Select MA	\$ -	\$ -	\$ -	\$ -	\$ 496.50	\$ 1,042.65	\$ 943.34	\$ 1,489.50
Aetna Select PA	\$ -	\$ -	\$ -	\$ -	\$ 496.50	\$ 1,042.65	\$ 943.34	\$ 1,489.50
Aetna Select FL	\$ -	\$ -	\$ -	\$ -	\$ 508.95	\$ 1,068.81	\$ 967.00	\$ 1,526.86
Aetna Select Buffalo	\$ -	\$ -	\$ -	\$ -	\$ 496.50	\$ 1,042.65	\$ 943.34	\$ 1,489.50
Aetna Select AZ	\$ -	\$ -	\$ -	\$ -	\$ 496.50	\$ 1,042.65	\$ 943.34	\$ 1,489.50
Aetna Select NV	\$ -	\$ -	\$ -	\$ -	\$ 496.50	\$ 1,042.65	\$ 943.34	\$ 1,489.50
Aetna Select Mid-Atlantic	\$ -	\$ -	\$ -	\$ -	\$ 508.95	\$ 1,068.81	\$ 967.00	\$ 1,526.86
BCBS IL HMO	\$ -	\$ -	\$ -	\$ -	\$ 521.30	\$ 1,094.75	\$ 990.47	\$ 1,563.92
Anthem CO HMO	\$ 94.16	\$ 197.80	\$ 178.92	\$ 282.60	\$ 722.50	\$ 1,517.26	\$ 1,372.75	\$ 2,167.51
Aetna Select N CA	\$ 119.00	\$ 249.92	\$ 226.08	\$ 357.08	\$ 747.81	\$ 1,570.42	\$ 1,420.85	\$ 2,243.46
Aetna Select S CA	\$ -	\$ -	\$ -	\$ -	\$ 620.49	\$ 1,303.04	\$ 1,178.93	\$ 1,861.48
Traditional Medical PPO	\$ 102.24	\$ 214.72	\$ 194.24	\$ 306.76	\$ 730.71	\$ 1,534.49	\$ 1,388.34	\$ 2,192.12
Aetna Intl Traditional PPO	\$ 102.24	\$ 214.72	\$ 194.24	\$ 306.76	\$ 730.71	\$ 1,534.49	\$ 1,388.34	\$ 2,192.12
TRICARE Supplemental Plan	\$ 60.50	\$ 119.50	\$ 119.50	\$ 160.50	\$ 61.71	\$ 121.89	\$ 121.89	\$ 163.71