



2017 Active Flight Attendant Medical Plan Rates

Monthly Premiums Shown

Premiums Include a \$48 employee/\$48 spouse tobacco-free Wellness Credit. Add \$48 per month for employee or spouse if he or she is a tobacco user. A \$50 monthly surcharge applies if the employee's spouse can get subsidized coverage in his/her workplace and enrolls in United's plans. COBRA costs are the full cost of coverage with a 2% administration fee.

Name of Plan	Additional Criteria	Employee Contributions				COBRA			
		You Only	You + Spouse	You + Child(ren)	You + Family	You Only	You + Spouse	You + Child(ren)	You + Family
Core PPO		\$117.76	\$261.71	\$211.54	\$355.49	\$640.90	\$1,442.03	\$1,121.58	\$1,922.72
Aetna Intl Core PPO		\$117.76	\$261.71	\$211.54	\$355.49	\$640.90	\$1,442.03	\$1,121.58	\$1,922.72
Core EPO		\$120.94	\$268.86	\$217.10	\$365.02	\$657.18	\$1,478.67	\$1,150.08	\$1,971.55
Core HDHP (with HSA)		\$115.43	\$256.49	\$207.47	\$348.52	\$576.19	\$1,296.46	\$1,008.35	\$1,728.60
Anthem CO HMO		\$79.07	\$174.65	\$143.82	\$239.41	\$662.54	\$1,490.71	\$1,159.44	\$1,987.62
BCBS IL HMO		\$56.16	\$123.12	\$103.74	\$170.70	\$647.11	\$1,456.01	\$1,132.45	\$1,941.35
Group Health WA HMO		\$58.62	\$128.65	\$108.05	\$178.08	\$666.40	\$1,399.44	\$1,265.92	\$1,999.00
HealthSpan OH HMO		\$57.04	\$125.09	\$105.28	\$173.33	\$655.24	\$1,376.05	\$1,244.76	\$1,965.56
HealthSpan OH POS		\$135.72	\$302.14	\$242.98	\$409.39	\$676.97	\$1,421.69	\$1,286.06	\$2,030.75
Kaiser Atlanta HMO		\$57.23	\$125.53	\$105.62	\$173.92	\$615.76	\$1,293.14	\$1,169.75	\$1,847.11
Kaiser Denver HMO - sCO		\$129.80	\$288.80	\$232.61	\$391.61	\$650.30	\$1,365.66	\$1,235.37	\$1,950.71
Kaiser Denver HMO - sUA		\$55.04	\$120.59	\$101.77	\$167.32	\$589.18	\$1,237.31	\$1,119.23	\$1,767.35
Kaiser HI HMO		\$59.70	\$131.09	\$109.94	\$181.33	\$614.74	\$1,290.98	\$1,167.80	\$1,844.03
Kaiser HI POS		\$136.10	\$302.98	\$243.64	\$410.52	\$708.56	\$1,488.00	\$1,346.06	\$2,125.49
Kaiser Mid-Atlantic HMO		\$56.00	\$122.74	\$103.45	\$170.20	\$554.41	\$1,164.28	\$1,053.23	\$1,663.04
Kaiser N CA HMO - sCO		\$134.87	\$300.22	\$241.49	\$406.83	\$611.35	\$1,283.88	\$1,161.38	\$1,833.88
Kaiser N CA HMO - sUA		\$55.54	\$121.73	\$102.66	\$168.84	\$570.48	\$1,198.05	\$1,083.71	\$1,711.27
Kaiser N CA HMO - sUA	Based in SFO only	\$0.00	\$121.73	\$102.66	\$168.84	\$570.48	\$1,198.05	\$1,083.71	\$1,711.27
Kaiser Northwest HMO		\$61.25	\$134.56	\$112.64	\$185.95	\$557.96	\$1,171.74	\$1,059.91	\$1,673.68
Kaiser S CA HMO - sCO		\$135.02	\$300.56	\$241.75	\$407.29	\$540.67	\$1,135.44	\$1,027.06	\$1,621.83
Kaiser S CA HMO - sUA		\$55.54	\$121.73	\$102.66	\$168.84	\$496.36	\$1,042.38	\$942.88	\$1,488.90
NetCare Guam Health Plan Plus		\$134.62	\$299.65	\$241.05	\$406.08	\$727.33	\$1,636.49	\$1,272.83	\$2,182.00
NetCare HMO		\$130.52	\$290.42	\$233.87	\$393.77	\$706.30	\$1,589.19	\$1,236.03	\$2,118.91
NetCare Guam HMO		\$118.33	\$262.99	\$212.53	\$357.20	\$643.81	\$1,448.58	\$1,126.67	\$1,931.44
HMSA HI HMO - sCO		\$133.44	\$297.00	\$238.98	\$402.54	\$628.51	\$1,320.15	\$1,193.80	\$1,885.39
HMSA HI HMO - sUA		\$60.79	\$133.54	\$111.85	\$184.60	\$623.02	\$1,308.58	\$1,183.38	\$1,868.91
HMSA HI PPP		\$131.48	\$292.58	\$235.55	\$396.65	\$612.66	\$1,286.65	\$1,163.88	\$1,837.84
PPO 1250		\$76.45	\$168.38	\$138.11	\$230.03	\$607.96	\$1,367.91	\$1,063.93	\$1,823.88
PPO 350		\$126.91	\$281.91	\$226.41	\$381.41	\$658.55	\$1,481.74	\$1,152.46	\$1,975.65
PPO 750		\$105.43	\$233.57	\$188.82	\$316.96	\$637.55	\$1,434.49	\$1,115.71	\$1,912.66
Traditional Medical PPO		\$123.91	\$275.56	\$222.31	\$373.96	\$672.45	\$1,513.02	\$1,176.79	\$2,017.36
Aetna Intl Traditional PPO		\$123.91	\$275.56	\$222.31	\$373.96	\$672.45	\$1,513.02	\$1,176.79	\$2,017.36
Healthy Rewards PPO (with HRA)		\$123.65	\$274.98	\$221.85	\$373.18	\$671.11	\$1,510.01	\$1,174.45	\$2,013.35
Aetna International Indemnity		\$337.41	\$755.53	\$594.78	\$1,012.90	\$859.07	\$1,932.91	\$1,503.37	\$2,577.21
Aetna Select AZ		\$58.29	\$127.91	\$107.47	\$177.09	\$668.83	\$1,504.88	\$1,170.47	\$2,006.51
Aetna Select Buffalo		\$58.29	\$127.91	\$107.47	\$177.09	\$668.83	\$1,504.88	\$1,170.47	\$2,006.51
Aetna Select Detroit		\$58.29	\$127.91	\$107.47	\$177.09	\$668.83	\$1,504.88	\$1,170.47	\$2,006.51
Aetna Select FL		\$58.29	\$127.91	\$107.47	\$177.09	\$668.83	\$1,504.88	\$1,170.47	\$2,006.51
Aetna Select MA		\$58.29	\$127.91	\$107.47	\$177.09	\$668.83	\$1,504.88	\$1,170.47	\$2,006.51

Name of Plan	Additional Criteria	You Only	You + Spouse	You + Child(ren)	You + Family	You Only	You + Spouse	You + Child(ren)	You + Family
Aetna Select Mid-Atlantic		\$58.29	\$127.91	\$107.47	\$177.09	\$668.83	\$1,504.88	\$1,170.47	\$2,006.51
Aetna Select MN		\$95.86	\$212.45	\$173.22	\$289.81	\$668.83	\$1,504.88	\$1,170.47	\$2,006.51
Aetna Select N CA		\$99.15	\$219.85	\$178.98	\$299.67	\$668.83	\$1,504.88	\$1,170.47	\$2,006.51
Aetna Select NC		\$80.50	\$177.87	\$146.33	\$243.70	\$668.83	\$1,504.88	\$1,170.47	\$2,006.51
Aetna Select NJ		\$58.29	\$127.91	\$107.47	\$177.09	\$668.83	\$1,504.88	\$1,170.47	\$2,006.51
Aetna Select NV		\$58.29	\$127.91	\$107.47	\$177.09	\$668.83	\$1,504.88	\$1,170.47	\$2,006.51
Aetna Select NY		\$58.29	\$127.91	\$107.47	\$177.09	\$668.83	\$1,504.88	\$1,170.47	\$2,006.51
Aetna Select PA		\$58.29	\$127.91	\$107.47	\$177.09	\$668.83	\$1,504.88	\$1,170.47	\$2,006.51
Aetna Select S CA		\$58.29	\$127.91	\$107.47	\$177.09	\$668.83	\$1,504.88	\$1,170.47	\$2,006.51
Bronze EPO		\$11.00	\$21.00	\$18.00	\$28.00	\$499.35	\$1,123.55	\$873.86	\$1,498.06
EPO-\$0,80%,\$25,Rx A		\$125.23	\$278.13	\$223.48	\$376.37	\$648.51	\$1,459.16	\$1,134.90	\$1,945.54
EPO-\$0,80%,\$25,Rx B		\$117.54	\$260.84	\$210.04	\$353.34	\$634.21	\$1,426.99	\$1,109.88	\$1,902.65
EPO-\$0,80%,\$30,Rx A		\$120.92	\$268.44	\$215.95	\$363.44	\$636.02	\$1,431.04	\$1,113.03	\$1,908.06
EPO-\$0,80%,\$30,Rx B		\$113.23	\$251.15	\$202.51	\$340.41	\$623.30	\$1,402.42	\$1,090.77	\$1,869.90
EPO-\$0,90%,\$25,Rx A		\$149.09	\$331.81	\$265.24	\$447.94	\$680.62	\$1,531.40	\$1,191.09	\$2,041.87
EPO-\$0,90%,\$25,Rx B		\$141.40	\$314.52	\$251.80	\$424.91	\$667.90	\$1,502.78	\$1,168.82	\$2,003.70
EPO-\$0,90%,\$30,Rx A		\$144.78	\$322.12	\$257.71	\$435.01	\$671.89	\$1,511.76	\$1,175.81	\$2,015.68
EPO-\$0,90%,\$30,Rx B		\$137.09	\$304.83	\$244.27	\$411.98	\$659.11	\$1,483.00	\$1,153.45	\$1,977.35
EPO-\$1000,80%,\$25,Rx A		\$78.73	\$173.51	\$142.11	\$236.88	\$592.35	\$1,332.80	\$1,036.62	\$1,777.07
EPO-\$1000,80%,\$25,Rx B		\$71.04	\$156.22	\$128.67	\$213.85	\$579.65	\$1,304.23	\$1,014.40	\$1,738.97
EPO-\$1000,80%,\$30,Rx A		\$74.42	\$163.82	\$134.58	\$223.95	\$583.66	\$1,313.26	\$1,021.41	\$1,751.00
EPO-\$1000,80%,\$30,Rx B		\$66.73	\$146.53	\$121.14	\$200.92	\$570.90	\$1,284.53	\$999.09	\$1,712.71
EPO-\$1000,90%,\$25,Rx A		\$102.59	\$227.19	\$183.87	\$308.45	\$613.57	\$1,380.52	\$1,073.74	\$1,840.71
EPO-\$1000,90%,\$25,Rx B		\$94.90	\$209.90	\$170.43	\$285.42	\$600.82	\$1,351.85	\$1,051.44	\$1,802.47
EPO-\$1000,90%,\$30,Rx A		\$98.28	\$217.50	\$176.34	\$295.52	\$605.61	\$1,362.62	\$1,059.82	\$1,816.83
EPO-\$1000,90%,\$30,Rx B		\$90.59	\$200.21	\$162.90	\$272.49	\$592.81	\$1,333.82	\$1,037.42	\$1,778.43
EPO-\$500,80%,\$25,Rx A		\$93.90	\$207.64	\$168.63	\$282.38	\$615.63	\$1,385.16	\$1,077.34	\$1,846.88
EPO-\$500,80%,\$25,Rx B		\$86.21	\$190.35	\$155.19	\$259.35	\$602.94	\$1,356.62	\$1,055.14	\$1,808.82
EPO-\$500,80%,\$30,Rx A		\$89.59	\$197.95	\$161.10	\$269.45	\$606.44	\$1,364.48	\$1,061.26	\$1,819.31
EPO-\$500,80%,\$30,Rx B		\$81.90	\$180.66	\$147.66	\$246.42	\$593.69	\$1,335.80	\$1,038.95	\$1,781.06
EPO-\$500,90%,\$25,Rx A		\$117.76	\$261.32	\$210.39	\$353.95	\$644.17	\$1,449.37	\$1,127.29	\$1,932.50
EPO-\$500,90%,\$25,Rx B		\$110.07	\$244.03	\$196.95	\$330.92	\$631.42	\$1,420.70	\$1,104.99	\$1,894.27
EPO-\$500,90%,\$30,Rx A		\$113.45	\$251.63	\$202.86	\$341.02	\$634.50	\$1,427.63	\$1,110.38	\$1,903.51
EPO-\$500,90%,\$30,Rx B		\$105.76	\$234.34	\$189.42	\$317.99	\$621.70	\$1,398.82	\$1,087.98	\$1,865.11
NetCare PPO		\$72.28	\$158.99	\$130.81	\$217.52	\$662.15	\$1,489.85	\$1,158.77	\$1,986.47
HMSA HI HMO		\$133.44	\$297.00	\$238.98	\$402.54	\$628.51	\$1,320.15	\$1,193.80	\$1,885.39
HMSA HI PPP		\$131.48	\$292.58	\$235.55	\$396.65	\$612.66	\$1,286.65	\$1,163.88	\$1,837.84
Kaiser HI POS		\$136.10	\$302.98	\$243.64	\$410.52	\$708.56	\$1,488.00	\$1,346.06	\$2,125.49
NetCare Guam PPO		\$57.64	\$126.44	\$106.32	\$175.13	\$662.15	\$1,489.85	\$1,158.77	\$1,986.47
NetCare Islands PPO		\$57.64	\$126.44	\$106.32	\$175.13	\$662.15	\$1,489.85	\$1,158.77	\$1,986.47
NetCare Saipan HMO		\$120.90	\$268.39	\$215.90	\$363.38	\$643.81	\$1,448.58	\$1,126.67	\$1,931.44
NetCare Saipan PPO		\$57.64	\$126.44	\$106.32	\$175.13	\$662.15	\$1,489.85	\$1,158.77	\$1,986.47
TRICARE Supplemental Plan		\$60.50	\$119.50	\$119.50	\$160.50	\$61.71	\$121.89	\$121.89	\$163.71
TRICARE Supplemental Plan	WA	\$44.17	\$86.17	\$86.17	\$116.50	\$45.05	\$87.89	\$87.89	\$118.83
Triple-S		\$125.78	\$279.36	\$224.44	\$378.01	\$283.88	\$622.97	\$427.16	\$847.75

2017 Active Flight Attendant Plan Dental Rates

Monthly Premiums Shown

COBRA costs are the full cost of coverage with a 2% administration fee.

Name of Plan	Employee Contributions				COBRA Premiums			
	You Only	You + Spouse	You + Child(ren)	You + Family	You Only	You + Spouse	You + Child(ren)	You + Family
Aetna Dental HMO	\$4.09	\$8.59	\$7.77	\$12.27	\$20.84	\$43.78	\$39.62	\$62.56
CIGNA Dental HMO	\$5.29	\$10.05	\$10.58	\$16.39	\$26.96	\$51.23	\$53.96	\$83.60
HMSA Dental HMO (HI)	\$7.29	\$15.31	\$13.86	\$21.88	\$37.18	\$78.07	\$70.66	\$111.56
HMSA Dental PPP (HI)	\$7.29	\$15.31	\$13.86	\$21.88	\$37.18	\$78.07	\$70.66	\$111.56
HMSA Dental HMO (GUM)	\$6.49	\$13.63	\$12.34	\$19.48	\$33.12	\$69.52	\$62.93	\$99.34
HMSA Dental PPP (GUM)	\$6.49	\$13.63	\$12.34	\$19.48	\$33.12	\$69.52	\$62.93	\$99.34
TakeCare Dental Guam	\$9.76	\$20.50	\$18.55	\$29.29	\$49.79	\$104.56	\$94.60	\$149.37
TakeCare Dental Saipan	\$9.76	\$20.50	\$18.55	\$29.29	\$49.79	\$104.56	\$94.60	\$149.37
MetLife Dental PPO	\$5.39	\$10.78	\$13.48	\$18.87	\$27.48	\$54.97	\$68.72	\$96.21
MetLife Dental PPO Plus	\$6.24	\$12.49	\$15.61	\$21.86	\$31.84	\$63.69	\$79.62	\$111.46
Traditional/Core Dental PPO	\$9.09	\$18.18	\$22.73	\$31.82	\$46.35	\$92.71	\$115.90	\$162.26

2017 Active Flight Attendant Plan Vision Rates

Monthly Premiums Shown

Flight Attendants pay the full cost of coverage.

Name of Plan	Total Rates			
	You Only	You + Spouse	You + Child(ren)	You + Family
VSP Plan	\$9.90	\$16.92	\$17.35	\$27.47
VSP Plus Plan	\$12.51	\$19.52	\$23.39	\$31.28
Superior	\$7.87	\$15.84	\$12.94	\$22.15
Davis Vision	\$8.10	\$12.60	\$13.77	\$20.25

For information on plan designs (covered services and cost of services) please access Flying Together, Employee Service, YBR (Your Benefits Resources). All Flight Attendants, regardless of pre-merger airline can choose any plan offered based on permanent address on file and in some cases their base. Rates in this chart are subject AFA actuarial review.