



DEPARTMENT OF HUMAN RESOURCES MANAGEMENT
 6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399
 PHONE: 954.797.1100 • FAX: 954.797.1079 • WWW.DAVIE-FL.GOV

**PLAN YEAR 2007
 PREMIUMS CONTRIBUTIONS
HEALTH CARE PLANS**

UnitedHealthcare EPO (HMO)

<u>Tier</u>		Total Cost / / Retiree Pays	COBRA Cost	Town Pays	<u>Employee Cost</u>
#1	Employee/Monthly	\$467.71	\$477.06	\$467.71	\$0.00
	Employee/ Biweekly	\$215.87	\$220.18	\$215.87	\$0.00
#2	Employee+Spouse/Monthly	\$1,117.82	\$1,140.18	\$792.77	\$325.05
	Employee+Spouse/ Biweekly	\$515.92	\$526.24	\$365.89	\$150.03
#2	Employee+Child(ren)/Monthly	\$1,052.34	\$1,073.39	\$760.03	\$292.31
	Employee+Child(ren)/ Biweekly	\$485.70	\$495.41	\$350.78	\$134.92
#4	Family (Employee+Dependents)/Monthly	\$1,529.41	\$1,560.00	\$1,077.53	\$451.88
	Family (Employee+Dependents)/ Biweekly	\$705.88	\$720.00	\$497.32	\$208.56

UnitedHealthcare PPO

<u>Tier</u>		Total Cost / / Retiree Pays	COBRA Cost	Town Pays	<u>Employee Cost</u>
#1	Employee/Monthly	\$706.19	\$720.31	\$706.19	\$0.00
	Employee/ Biweekly	\$325.93	\$332.45	\$325.93	\$0.00
#2	Employee+Spouse/Monthly	\$1,697.77	\$1,731.73	\$1,201.98	\$495.79
	Employee+Spouse/ Biweekly	\$783.59	\$799.26	\$554.76	\$228.83
#3	Employee+Child(ren)/Monthly	\$1,598.89	\$1,630.87	\$1,152.54	\$446.35
	Employee+Child(ren)/ Biweekly	\$737.95	\$752.71	\$531.94	\$206.01
#4	Family (Employee+Dependents)/Monthly	\$2,319.21	\$2,365.59	\$1,629.76	\$689.45
	Family (Employee+Dependents)/ Biweekly	\$1,070.40	\$1,091.81	\$752.20	\$318.20

- The Town pays 100% of the Employee cost of EPO (HMO) or PPO Benefit for Tiers #1, #2, #3, and #4.
- The Town pays 50% of the Spouse or Child(ren) cost of EPO (HMO) or PPO Benefit for Tiers #2 and #3.
- The Town pays 57% of the Dependent cost of EPO (HMO) or PPO Benefit for Tier #4.



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**PLAN YEAR 2007
 PREMIUMS CONTRIBUTIONS
DENTAL PLANS**

CompDent DHMO (CS150)

<u>Tier</u>		Total Cost / / Retiree Pays	COBRA Cost	Town Pays	Employee Cost
#1	Employee/Monthly	\$13.44	\$13.71	\$13.44	\$0.00
	Employee/ Biweekly	\$6.20	\$6.33	\$6.20	\$0.00
#2	Family (Employee+Dependents)/Monthly	\$29.78	\$30.38	\$21.61	\$8.17
	Family (Employee+Dependents)/ Biweekly	\$13.74	\$14.02	\$9.97	\$3.77

CompDent DPO

<u>Tier</u>		Total Cost / / Retiree Pays	COBRA Cost	Town Pays	Employee Cost
#1	Employee/Monthly	\$25.80	\$26.32	\$25.80	\$0.00
	Employee/ Biweekly	\$11.91	\$12.15	\$11.91	\$0.00
#2	Family (Employee+Dependents)/Monthly	\$69.62	\$71.01	\$47.71	\$21.91
	Family (Employee+Dependents)/ Biweekly	\$32.13	\$32.77	\$22.02	\$10.11

- The Town pays 100% of the Employee cost of DHMO or DPO Benefit for Tiers #1 and #2.
- The Town pays 50% of the Dependent cost of DHMO or DPO Benefit for Tier #2.

BUY - UP OPTION -Advanced 3 Plan

<u>CompDent DHMO (Adv 3)</u>		Total Cost / / Retiree Pays	COBRA Cost	Town Pays	Employee Cost
<u>Tier</u>					
#1	Employee/Monthly	\$16.72	\$17.05	\$13.44	\$3.28
	Employee/ Biweekly	\$7.72	\$7.87	\$6.20	\$1.52
#2	Family (Employee+Dependents)/Monthly	\$45.58	\$46.49	\$21.61	\$23.97
	Family (Employee+Dependents)/ Biweekly	\$21.04	\$21.46	\$9.97	\$11.06