

Abilities First, Inc.

70 Overocker Rd.
Poughkeepsie NY 12603

HEALTH RATES 7/1/11-6/30/12

Plan	Monthly Agency Cost		Twice A Month (24 pays per year) Employee Cost			
PERCENTAGE OF BI-PAY CONTRIBUTION INCLUDES AMT OVER CAP						
			25%	20%	15%	Overage Bi-Pay
MVP HMO	Ind.	536.00	67.38	54.00	40.63	.50
	Couple	1086.29	135.52	108.35	81.17	xxxx
	P/Child	1018.41	135.33	110.41	85.48	10.71
	Fam.	1507.94	188.47	150.77	113.07	xxxx
Co-Pay \$30/50; Prescriptions: \$5/30/50 (up to 30 day supply) or mail order \$10/60/100 (up to 90 day supply); Mental Health up to 20 visits; IP co-pay \$750.00. OP co-pay \$150						
GHI-EPO	Ind.	534.02	66.39	53.01	39.64	xxxx
	Couple	1267.37	226.06	198.89	171.71	90.19
	P/Child	996.42	124.34	99.41	74.49	xxxx
	Fam.	1601.44	235.22	197.52	159.82	46.72
Co-Pay \$40/40; Prescriptions \$5/30/50 (up to 30 day supply) or mail order \$10/60/100 (up to 90 day supply); Mental Health up to 30 visits; IP co-pay \$1000.00. OP co-pay \$750						
Delta Dental:	Ind.	20.00	2.50	2.00	1.50	xxxxxx
	Fam.	50.00	6.25	5.00	3.75	xxxxxx
Cap:	Ind.	535.00				
	Couple	1087.00				
	P/Children	997.00				
	Family	1508.00				

REMINDER: The amount you have deducted from your pay for health and dental coverage will be taken out before taxes, as that amount is tax-free. Please let us know if you want that amount to be taxed.

Under COBRA, employees will be required to pay the fully insured equivalent rate plus an administration fee when they sever employment.