

# Annual Employee Medical Plan Contribution Rates for Employee, Spouse, and Dependent Child Coverage

**Effective January 1 – December 31, 2010**

**For eligible appointments of 75% to 100% FTE that include regular, auxiliary faculty, clinical instructor, postdoctoral fellow, postdoctoral researcher, returning retiree, and visiting auxiliary faculty**

Coverage Level	Prime Care Advantage		Prime Advantage Value		Prime Advantage Plus		Independent Choice		Prime Care Connect <sup>2</sup>		Out-of-Area Plan <sup>2</sup>	
	No PHA	with PHA <sup>1</sup>	No PHA	with PHA <sup>1</sup>	No PHA	with PHA <sup>1</sup>	No PHA	with PHA <sup>1</sup>	No PHA	with PHA <sup>1</sup>	No PHA	with PHA <sup>1</sup>
Employee Only	\$928.92	\$688.92	\$565.92	\$325.92	\$1,464.36	\$1,224.36	\$1,875.36	\$1,635.36	\$928.92	\$688.92	\$928.92	\$688.92
Employee + Children	\$1,565.52	\$1,325.52	\$894.00	\$654.00	\$2,556.12	\$2,316.12	\$3,316.44	\$3,076.44	\$1,565.52	\$1,325.52	\$1,565.52	\$1,325.52
Employee + Spouse	\$1,752.84	\$1,512.84	\$990.48	\$750.48	\$2,877.24	\$2,637.24	\$3,740.40	\$3,500.40	\$1,752.84	\$1,512.84	\$1,752.84	\$1,512.84
Family	\$2,520.48	\$2,280.48	\$1,386.12	\$1,146.12	\$4,193.76	\$3,953.76	\$5,478.12	\$5,238.12	\$2,520.48	\$2,280.48	\$2,520.48	\$2,280.48

**For eligible appointments of 50% to 74% FTE that include regular, auxiliary faculty, clinical instructor, postdoctoral fellow, postdoctoral researcher, returning retiree, and visiting/auxiliary faculty**

**For Special A appointments of 50% to 100% FTE**

Coverage Level	Prime Care Advantage		Prime Advantage Value		Prime Advantage Plus		Independent Choice		Prime Care Connect <sup>2</sup>		Out-of-Area Plan <sup>2</sup>	
	No PHA	with PHA <sup>1</sup>	No PHA	with PHA <sup>1</sup>	No PHA	with PHA <sup>1</sup>	No PHA	with PHA <sup>1</sup>	No PHA	with PHA <sup>1</sup>	No PHA	with PHA <sup>1</sup>
Employee Only	\$2,301.12	\$2,061.12	\$1,928.16	\$1,688.16	\$2,894.16	\$2,654.16	\$3,762.72	\$3,522.72	N/A	N/A	\$2,301.12	\$2,061.12
Employee + Children	\$4,104.12	\$3,864.12	\$3,414.24	\$3,174.24	\$5,201.28	\$4,961.28	\$6,808.08	\$6,568.08	N/A	N/A	\$4,104.12	\$3,864.12
Employee + Spouse	\$4,634.40	\$4,394.40	\$3,851.16	\$3,611.16	\$5,879.76	\$5,639.76	\$7,703.64	\$7,463.64	N/A	N/A	\$4,634.40	\$4,394.40
Family	\$6,808.68	\$6,568.68	\$5,643.12	\$5,403.12	\$8,661.96	\$8,421.96	\$11,376.24	\$11,136.24	N/A	N/A	\$6,808.68	\$6,568.68

**For Special B appointments of any FTE**

**ONA members with appointments of 1% to 49% FTE**

Coverage Level	Prime Care Advantage		Prime Advantage Value		Prime Advantage Plus		Independent Choice		Prime Care Connect <sup>2</sup>		Out-of-Area Plan <sup>2</sup>	
	No PHA	with PHA <sup>1</sup>	No PHA	with PHA <sup>1</sup>	No PHA	with PHA <sup>1</sup>	No PHA	with PHA <sup>1</sup>	No PHA	with PHA <sup>1</sup>	No PHA	with PHA <sup>1</sup>
Employee Only	\$5,302.92	\$5,062.92	\$4,929.96	\$4,689.96	\$5,895.96	\$5,655.96	\$7,254.12	\$7,014.12	N/A	N/A	\$5,302.92	\$5,062.92
Employee + Children	\$9,810.36	\$9,570.36	\$9,120.48	\$8,880.48	\$10,907.52	\$10,667.52	\$13,420.08	\$13,180.08	N/A	N/A	\$9,810.36	\$9,570.36
Employee + Spouse	\$11,136.12	\$10,896.12	\$10,352.88	\$10,112.88	\$12,381.48	\$12,141.48	\$15,233.64	\$14,993.64	N/A	N/A	\$11,136.12	\$10,896.12
Family	\$16,571.64	\$16,331.64	\$15,406.08	\$15,166.08	\$18,424.92	\$18,184.92	\$22,669.08	\$22,429.08	N/A	N/A	\$16,571.64	\$16,331.64

<sup>1</sup> Save \$20 each month off of your premiums by completing the Personal Health Assessment (PHA). To get started, visit [yourplanforhealth.com](http://yourplanforhealth.com) and click on "Assessing Your Health Risks."

<sup>2</sup> Enrollment in these plans requires meeting certain criteria and special application.  
N/A = Not Available

**Note:** For additional Health Plan Contribution Rates, refer online to [hr.osu.edu/benefits/hb\\_rates](http://hr.osu.edu/benefits/hb_rates).