

Murray State College

COST COMPARISON HEALTH/DENTAL									
<u>Premium Rates-Monthly</u>	OSEEGIB			OSEEGIB			BCBSOK		
	2009		2010	2009		2010	2010		
	<u>High</u>	<u>Basic</u>	<u>Dental *</u>	<u>High</u>	<u>Basic</u>	<u>Dental *</u>	<u>High</u>	<u>Basic</u>	<u>Dental *</u>
Employee	409.12	347.96	28.58	442.80	384.22	30.28	431.89	325.36	30.14
Spouse	587.92	503.74	57.16	625.88	546.84	60.56	453.48	341.62	61.79
1 Child	199.98	171.56	52.40	228.32	200.36	55.52	172.75	130.14	42.20
Child(ren)	343.10	293.44	90.42	342.44	300.88	95.78	345.50	260.29	54.26
Spouse, Child	787.90	675.30	80.98	854.20	747.20	85.80	798.99	601.92	85.91
Family	931.02	797.18	119.00	968.32	847.72	126.06	798.99	601.92	85.91
Co-pay Office Visit	25.00	25.00		50.00	50.00		25.00	25.00	
Co-pay Rx Preferred	25.00	25.00		50.00	50.00		25.00	25.00	
Co-Pay Rx Non-preferred	30.00	30.00		60.00	60.00		30.00	30.00	

*Dental: Each level of coverage includes employee premium.

<u>BCBSOK</u>	<u>BCBSOK</u>							
<u>Premium Savings/Cost (-)</u>	<u>Monthly</u>			<u>Annualized</u>			<u>Co-pay Savings</u>	
	<u>High</u>	<u>Basic</u>	<u>Dental</u>	<u>High</u>	<u>Basic</u>	<u>Dental</u>		
Employee	10.91	58.86	0.14	130.92	706.32	1.68	Per visit/prescription	
Spouse	172.40	205.22	-1.23	2068.80	2462.64	-14.76	Office Visit	25.00
1 Child	55.57	70.22	13.32	666.84	842.64	159.84	Rx Preferred	25.00
Child(ren)	-3.06	40.59	41.52	-36.72	487.08	498.24	Rx Non-preferred	30.00
Spouse, Child	55.21	145.28	-0.11	662.52	1743.36	-1.32		
Family	169.33	245.80	40.15	2031.96	2949.60	481.80		

COST COMPARISON VISION - CHOICE PLAN						
<u>Premium Savings/Cost (-)</u>	OSEEGIB		RUSO			
	VSP	VSP	VSP	Monthly	Annualized	
	2009	2010	2010			
Employee	8.96	8.96	7.14	1.82	21.84	
Spouse	6.00	6.00	7.11	-1.11	-13.32	
1 Child	5.74	5.74	6.83	-1.09	-13.08	
Child(ren)	12.92	12.92	8.12	4.80	57.60	
Spouse, Child	11.74	11.74	17.24	-5.50	-66.00	
Family	18.92	18.92	17.24	1.68	20.16	