

Williamson County Medical, Dental and Vision Plan Rates

2010 Rates go into effect on November 1, 2009.

Monthly County and Employee/Retiree Rates

	2009 Current Williamson County Contribution Rate	2009 Current Employee Rate	2010 Approved Williamson County Contribution Rate	2010 Approved Employee Rate	Amount of Increase to Employee Rate
PPO High Plan (w/o Vision)					
Employee	\$461.50	\$46.64	\$586.10	\$47.81	\$1.17
Employee + Spouse	\$461.50	\$164.18	\$586.10	\$168.28	\$4.10
Employee + Child(ren)	\$461.50	\$153.92	\$586.10	\$157.77	\$3.85
Employee + Family	\$461.50	\$205.23	\$586.10	\$210.36	\$5.13
PPO Low Plan (w/o Vision)					
Employee	\$461.50	\$17.76	\$586.10	\$18.20	\$0.44
Employee + Spouse	\$461.50	\$107.51	\$586.10	\$110.20	\$2.69
Employee + Child(ren)	\$461.50	\$97.73	\$586.10	\$100.17	\$2.44
Employee + Family	\$461.50	\$146.60	\$586.10	\$150.27	\$3.67
EPO/HMO (w/o Vision)					
Employee	\$461.50	\$67.52	\$586.10	\$74.27	\$6.75
Employee + Spouse	\$461.50	\$262.48	\$586.10	\$288.73	\$26.25
Employee + Child(ren)	\$461.50	\$246.08	\$586.10	\$270.69	\$24.61
Employee + Family	\$461.50	\$328.10	\$586.10	\$360.91	\$32.81
Dental Low Plan					
Employee	\$0.00	\$29.00	\$0.00	\$29.00	\$0.00
Employee + Spouse	\$0.00	\$54.00	\$0.00	\$54.00	\$0.00
Employee + Child(ren)	\$0.00	\$60.00	\$0.00	\$60.00	\$0.00
Employee + Family	\$0.00	\$66.00	\$0.00	\$66.00	\$0.00
Dental High Plan					
Employee	\$0.00	\$40.00	\$0.00	\$40.00	\$0.00
Employee + Spouse	\$0.00	\$74.00	\$0.00	\$74.00	\$0.00
Employee + Child(ren)	\$0.00	\$82.00	\$0.00	\$82.00	\$0.00
Employee + Family	\$0.00	\$91.00	\$0.00	\$91.00	\$0.00
Vision					
Employee	\$0.00	\$9.00	\$0.00	\$13.50	\$4.50
Employee + Spouse	\$0.00	\$18.00	\$0.00	\$27.00	\$9.00
Employee + Child(ren)	\$0.00	\$16.50	\$0.00	\$24.75	\$8.25
Employee + Family	\$0.00	\$24.00	\$0.00	\$36.00	\$12.00

Semi-Monthly Pay Period Employee Rates

	2009 Current Employee PP Rates	2010 Approved Employee PP Rates	Amount of Increase Per Pay Period
PPO High Plan (w/o Vision)			
Employee	\$23.32	\$23.91	\$0.59
Employee + Spouse	\$82.09	\$84.14	\$2.05
Employee + Child(ren)	\$76.96	\$78.89	\$1.93
Employee + Family	\$102.62	\$105.18	\$2.56
PPO Low Plan (w/o Vision)			
Employee	\$8.88	\$9.10	\$0.22
Employee + Spouse	\$53.76	\$55.10	\$1.34
Employee + Child(ren)	\$48.87	\$50.09	\$1.22
Employee + Family	\$73.30	\$75.14	\$1.84
EPO/HMO (w/o Vision)			
Employee	\$33.76	\$37.14	\$3.38
Employee + Spouse	\$131.24	\$144.37	\$13.13
Employee + Child(ren)	\$123.04	\$135.35	\$12.31
Employee + Family	\$164.05	\$180.46	\$16.41
Dental Low Plan			
Employee	\$14.50	\$14.50	\$0.00
Employee + Spouse	\$27.00	\$27.00	\$0.00
Employee + Child(ren)	\$30.00	\$30.00	\$0.00
Employee + Family	\$33.00	\$33.00	\$0.00
Dental High Plan			
Employee	\$20.00	\$20.00	\$0.00
Employee + Spouse	\$37.00	\$37.00	\$0.00
Employee + Child(ren)	\$41.00	\$41.00	\$0.00
Employee + Family	\$45.50	\$45.50	\$0.00
Vision			
Employee	\$4.50	\$6.75	\$2.25
Employee + Spouse	\$9.00	\$13.50	\$4.50
Employee + Child(ren)	\$8.25	\$12.38	\$4.13
Employee + Family	\$12.00	\$18.00	\$6.00