



Plan Year 2012

Dental, Vision and Non-Medicare Medical Plan Rates

| MONTHLY MEDICAL ALLOWANCE (MMA) | | |
|---------------------------------|----------------|------------|
| YEARS OF ACERA SERVICE | PERCENT OF MMA | MMA AMOUNT |
| 0 - 9 YEARS | 0% | \$ - |
| 10 - 14 YEARS | 50% | \$ 261.08 |
| 15 - 19 YEARS | 75% | \$ 391.62 |
| 20 + YEARS | 100% | \$ 522.16 |

| 0 - 9 Years of Service | | | |
|--|-------------|-------------|-------------|
| | Self | Self + 1 | Family |
| Dental Plans | | | |
| DELTA DENTAL PPO | \$ 41.94 | \$ 80.65 | \$ 141.46 |
| MMA CONTRIBUTION | \$ 41.94 | \$ 41.94 | \$ 41.94 |
| COST to RETIREE | \$ - | \$ 38.71 | \$ 99.52 |
| DELTACARE USA | \$ 22.45 | \$ 37.08 | \$ 54.79 |
| MMA CONTRIBUTION | \$ 22.45 | \$ 22.45 | \$ 22.45 |
| COST to RETIREE | \$ - | \$ 14.63 | \$ 32.34 |
| Vision Plan | | | |
| VISION SERVICE PLAN (VSP) | \$ 5.52 | \$ 8.01 | \$ 14.39 |
| MMA CONTRIBUTION | \$ 5.52 | \$ 5.52 | \$ 5.52 |
| COST to RETIREE | \$ - | \$ 2.49 | \$ 8.87 |
| Non-Medicare Medical Plans | | | |
| Kaiser Permanente HMO | \$ 593.86 | \$ 1,187.82 | \$ 1,680.62 |
| MMA CONTRIBUTION | \$ - | \$ - | \$ - |
| COST to RETIREE | \$ 593.86 | \$ 1,187.82 | \$ 1,680.62 |
| UnitedHealthcare SignatureValue HMO | \$ 827.84 | \$ 1,655.64 | \$ 2,342.72 |
| MMA CONTRIBUTION | \$ - | \$ - | \$ - |
| COST to RETIREE | \$ 827.84 | \$ 1,655.64 | \$ 2,342.72 |
| UnitedHealthcare Choice Plus PPO | \$ 1,994.48 | \$ 3,869.22 | \$ 5,465.60 |
| MMA CONTRIBUTION | \$ - | \$ - | \$ - |
| COST to RETIREE | \$ 1,994.48 | \$ 3,869.22 | \$ 5,465.60 |

| 10 - 14 Years of Service | | |
|--|-------------|-------------|
| | Self | Self + 1 |
| Dental Plans | | |
| DELTA DENTAL PPO | \$ 41.94 | \$ 80.65 |
| MMA CONTRIBUTION | \$ 41.94 | \$ 41.94 |
| COST to RETIREE | \$ - | \$ 38.71 |
| DELTACARE USA | \$ 22.45 | \$ 37.08 |
| MMA CONTRIBUTION | \$ 22.45 | \$ 22.45 |
| COST to RETIREE | \$ - | \$ 14.63 |
| Vision Plan | | |
| VISION SERVICE PLAN (VSP) | \$ 5.52 | \$ 8.01 |
| MMA CONTRIBUTION | \$ 5.52 | \$ 5.52 |
| COST to RETIREE | \$ - | \$ 2.49 |
| Non-Medicare Medical Plans | | |
| Kaiser Permanente HMO | \$ 593.86 | \$ 1,187.82 |
| MMA CONTRIBUTION | \$ 261.08 | \$ 261.08 |
| COST to RETIREE | \$ 332.78 | \$ 926.74 |
| UnitedHealthcare SignatureValue HMO | \$ 827.84 | \$ 1,655.64 |
| MMA CONTRIBUTION | \$ 261.08 | \$ 261.08 |
| COST to RETIREE | \$ 566.76 | \$ 1,394.56 |
| UnitedHealthcare Choice Plus PPO | \$ 1,994.48 | \$ 3,869.22 |
| MMA CONTRIBUTION | \$ 261.08 | \$ 261.08 |
| COST to RETIREE | \$ 1,733.40 | \$ 3,608.14 |

| 15 - 19 Years of Service | | | |
|--|-------------|-------------|-------------|
| | Self | Self + 1 | Family |
| Dental Plans | | | |
| DELTA DENTAL PPO | \$ 41.94 | \$ 80.65 | \$ 141.46 |
| MMA CONTRIBUTION | \$ 41.94 | \$ 41.94 | \$ 41.94 |
| COST to RETIREE | \$ - | \$ 38.71 | \$ 99.52 |
| DELTACARE USA | \$ 22.45 | \$ 37.08 | \$ 54.79 |
| MMA CONTRIBUTION | \$ 22.45 | \$ 22.45 | \$ 22.45 |
| COST to RETIREE | \$ - | \$ 14.63 | \$ 32.34 |
| Vision Plan | | | |
| VISION SERVICE PLAN (VSP) | \$ 5.52 | \$ 8.01 | \$ 14.39 |
| MMA CONTRIBUTION | \$ 5.52 | \$ 5.52 | \$ 5.52 |
| COST to RETIREE | \$ - | \$ 2.49 | \$ 8.87 |
| Non-Medicare Medical Plans | | | |
| Kaiser Permanente HMO | \$ 593.86 | \$ 1,187.82 | \$ 1,680.62 |
| MMA CONTRIBUTION | \$ 391.62 | \$ 391.62 | \$ 391.62 |
| COST to RETIREE | \$ 202.24 | \$ 796.20 | \$ 1,289.00 |
| UnitedHealthcare SignatureValue HMO | \$ 827.84 | \$ 1,655.64 | \$ 2,342.72 |
| MMA CONTRIBUTION | \$ 391.62 | \$ 391.62 | \$ 391.62 |
| COST to RETIREE | \$ 436.22 | \$ 1,264.02 | \$ 1,951.10 |
| UnitedHealthcare Choice Plus PPO | \$ 1,994.48 | \$ 3,869.22 | \$ 5,465.60 |

| 20 or more Years of Service | | |
|--|-------------|-------------|
| | Self | Self + 1 |
| Dental Plans | | |
| DELTA DENTAL PPO | \$ 41.94 | \$ 80.65 |
| MMA CONTRIBUTION | \$ 41.94 | \$ 41.94 |
| COST to RETIREE | \$ - | \$ 38.71 |
| DELTACARE USA | \$ 22.45 | \$ 37.08 |
| MMA CONTRIBUTION | \$ 22.45 | \$ 22.45 |
| COST to RETIREE | \$ - | \$ 14.63 |
| Vision Plan | | |
| VISION SERVICE PLAN (VSP) | \$ 5.52 | \$ 8.01 |
| MMA CONTRIBUTION | \$ 5.52 | \$ 5.52 |
| COST to RETIREE | \$ - | \$ 2.49 |
| Non-Medicare Medical Plans | | |
| Kaiser Permanente HMO | \$ 593.86 | \$ 1,187.82 |
| MMA CONTRIBUTION | \$ 522.16 | \$ 522.16 |
| COST to RETIREE | \$ 71.70 | \$ 665.66 |
| UnitedHealthcare SignatureValue HMO | \$ 827.84 | \$ 1,655.64 |
| MMA CONTRIBUTION | \$ 522.16 | \$ 522.16 |
| COST to RETIREE | \$ 305.68 | \$ 1,133.48 |
| UnitedHealthcare Choice Plus PPO | \$ 1,994.48 | \$ 3,869.22 |

| | | | |
|------------------|--------------------|--------------------|--------------------|
| MMA CONTRIBUTION | \$ 391.62 | \$ 391.62 | \$ 391.62 |
| COST to RETIREE | \$ 1,602.86 | \$ 3,477.60 | \$ 5,073.98 |

| | | |
|------------------|--------------------|--------------------|
| MMA CONTRIBUTION | \$ 522.16 | \$ 522.16 |
| COST to RETIREE | \$ 1,472.32 | \$ 3,347.06 |

| Family | |
|-----------|-----------------|
| \$ | 141.46 |
| \$ | 41.94 |
| \$ | 99.52 |
| \$ | 54.79 |
| \$ | 22.45 |
| \$ | 32.34 |
| | |
| \$ | 14.39 |
| \$ | 5.52 |
| \$ | 8.87 |
| | |
| \$ | 1,680.62 |
| \$ | 261.08 |
| \$ | 1,419.54 |
| \$ | 2,342.72 |
| \$ | 261.08 |
| \$ | 2,081.64 |
| \$ | 5,465.60 |
| \$ | 261.08 |
| \$ | 5,204.52 |

| Family | |
|-----------|-----------------|
| \$ | 141.46 |
| \$ | 41.94 |
| \$ | 99.52 |
| \$ | 54.79 |
| \$ | 22.45 |
| \$ | 32.34 |
| | |
| \$ | 14.39 |
| \$ | 5.52 |
| \$ | 8.87 |
| | |
| \$ | 1,680.62 |
| \$ | 522.16 |
| \$ | 1,158.46 |
| \$ | 2,342.72 |
| \$ | 522.16 |
| \$ | 1,820.56 |
| \$ | 5,465.60 |

| | |
|----|-----------------|
| \$ | 522.16 |
| \$ | 4,943.44 |