

# Monthly Premiums 2011-2012

## **AETNA Choice POSII**

	<b>Employee</b>	<b>City</b>
Employee	\$25.00*	\$575.00
Employee & Spouse	\$70.00*	\$1,210.00
Employee & Child(ren)	\$70.00*	\$910.00
Family	\$155.00*	\$1,600.00

## **Delta Dental of OK**

	<b>Employee</b>	<b>City</b>
Employee	\$0.00	\$30.00
Family	\$21.72	\$67.00

## **Vision Service Plan**

	<b>Employee</b>	<b>City</b>
Employee	\$0.00	\$9.80
Family	\$8.58	\$12.48

## **AETNA Group Term Life**

	<b>Employee</b>	<b>City</b>
Employee \$30,000	\$0.00	\$6.90
Employee \$30,000/\$5,000 Spouse and Dependent	\$0.00	\$8.28

\*\$25 Premium Waiver available to employees who participate in Biometrics Screening.