

ANNUAL DISTRICT SAVINGS BASED ON 65% RETIREE HEATH CARE SUBSIDY		
	75% SUBSIDY	65% SUBSIDY
<i>CLAIMS (CORPORATE FUND)</i>	\$15,129,085	\$15,129,085
<i>RETIREE CONTRIBUTION</i>	\$3,782,271	\$5,295,180
<i>CORPORATE FUND PAYMENTS</i>	\$11,346,814	\$9,833,905
<i>DISTRICT SAVINGS (CORPORATE FUND)</i>	\$0	\$1,512,909

Comparison of Monthly Retiree Rates for Health Coverage

	PPO without Medicare		HMO without Medicare	
	<u>75% Subsidy</u>	<u>65% Subsidy</u>	<u>75% Subsidy</u>	<u>65% Subsidy</u>
Single	\$225.32	\$315.45	\$148.65	\$208.11
Couple	\$450.65	\$630.91	\$278.61	\$390.06
Family of 3+	\$509.63	\$713.48	\$425.11	\$595.16
	PPO with Medicare		HMO with Medicare	
	<u>75% Subsidy</u>	<u>65% Subsidy</u>	<u>75% Subsidy</u>	<u>65% Subsidy</u>
Single	\$108.01	\$151.21	\$125.16	\$175.22
Couple/1 Medicare	\$333.35	\$466.68	\$273.14	\$382.39
Couple both Medicare	\$216.11	\$302.55	\$250.35	\$350.49
Family of 3+/1 Medicare	\$509.63	\$713.48	\$423.25	\$592.55
Family of 3+/2 Medicare	\$441.42	\$617.99	\$398.33	\$557.66
Adult dependents over age 23	\$225.32	\$315.45	\$148.65	\$208.11

**CITY OF CHICAGO
MONTHLY RATES FOR ANNUITANT HEALTHCARE PLANS
EFFECTIVE DATE - JULY 1, 2010**

**THE FOLLOWING RATES ARE APPLICABLE FOR EMPLOYEES WHO
BECAME ANNUITANTS AFTER JULY 1, 2005**

CATEGORY	PLAN	FOR RETIREES WITH YEARS OF SERVICE OF:			
		20 YEARS	15-19 YEARS	10-14 YEARS	LESS THAN 10 YEARS
Single	MEDICARE	\$95.00	\$111.00	\$127.00	\$255.00
	NON-MEDICARE	\$314.00	\$355.00	\$396.00	\$723.00
Couple	MEDICARE/MEDICARE	\$248.00	\$280.00	\$311.00	\$562.00
	MEDICARE / NON-MEDICARE	\$497.00	\$554.00	\$610.00	\$1,060.00
	NON-MEDICARE / MEDICARE	\$467.00	\$524.00	\$580.00	\$1,030.00
	NON-MEDICARE / NON-MEDICARE	\$706.00	\$786.00	\$866.00	\$1,507.00
Single + Child	MEDICARE / CHILD(REN)	\$208.00	\$236.00	\$263.00	\$482.00
	NON-MEDICARE / CHILD(REN)	\$417.00	\$468.00	\$520.00	\$929.00
Family of 3+	MED/MED/CHILD(REN)	\$362.00	\$404.00	\$447.00	\$788.00
	MED/NON/CHILD(REN)	\$600.00	\$667.00	\$733.00	\$1,266.00
	NON/MED/CHILD(REN)	\$570.00	\$637.00	\$703.00	\$1,236.00
	NON/NON/CHILD(REN)	\$809.00	\$900.00	\$990.00	\$1,713.00

**Cook County Pension Fund
2010 Health Benefit Rates**

Employee Annuitant			
HMO of Illinois		BlueCross BlueShield -PPO	
Single without Medicare	\$386.00	Single without Medicare	\$511.00
Two without Medicare	\$772.00	Two without Medicare	\$1,022.00
Three without Medicare	\$1,117.00	Three without Medicare	\$1,532.00
Single with Medicare	\$201.00	Single with Medicare	\$164.00
Two, one with Medicare	\$587.00	Two, one with Medicare	\$675.00
Three, one with Medicare	\$972.00	Three, one with Medicare	\$1,185.00
Two with Medicare	\$402.00	Two with Medicare	\$328.00
Three, two with Medicare	\$787.00	Three, two with Medicare	\$838.00
Three, all with Medicare	\$602.00	Three, all with Medicare	\$491.00

Spouse / Child Annuitant			
HMO of Illinois		BlueCross BlueShield -PPO	
Single without Medicare	\$257.00	Single without Medicare	\$341.00
Two without Medicare	\$514.00	Two without Medicare	\$681.00
Three without Medicare	\$745.00	Three without Medicare	\$1,022.00
Single with Medicare	\$134.00	Single with Medicare	\$109.00
Two, one with Medicare	\$391.00	Two, one with Medicare	\$450.00
Three, one with Medicare	\$648.00	Three, one with Medicare	\$790.00
Two with Medicare	\$268.00	Two with Medicare	\$218.00
Three, two with Medicare	\$525.00	Three, two with Medicare	\$559.00
Three, all with Medicare	\$402.00	Three, all with Medicare	\$328.00

**State Employees' Retirement System of Illinois
Contribution Rates for July 1, 2010 – June 30, 2011***

		Quality Care Health Plan (CIGNA) Premium is \$891.42/mo. Medicare premium is \$373.62/mo.		HMO/POS Plans Premium is \$628.20/mo. Medicare premium is \$329.06/mo.	
Full Years of Service	State Pays	Member Pays	Medicare Member Pays	Member Pays	Medicare Member Pays
0	0%	\$891.42 (100%)	\$373.62 (100%)	\$628.20 (100%)	\$329.06 (100%)
1	5%	846.84 (95%)	354.93 (95%)	596.79 (95%)	312.60 (95%)
2	10%	802.27 (90%)	336.25 (90%)	565.38 (90%)	296.15 (90%)
3	15%	757.70 (85%)	317.57 (85%)	533.97 (85%)	279.70 (85%)
4	20%	713.13 (80%)	298.89 (80%)	502.56 (80%)	263.24 (80%)
5	25%	668.56 (75%)	280.21 (75%)	471.15 (75%)	246.79 (75%)
6	30%	623.99 (70%)	261.53 (70%)	439.74 (70%)	230.34 (70%)
7	35%	579.42 (65%)	242.85 (65%)	408.33 (65%)	213.88 (65%)
8	40%	534.85 (60%)	224.17 (60%)	376.92 (60%)	197.43 (60%)
9	45%	490.28 (55%)	205.49 (55%)	345.51 (55%)	180.98 (55%)
10	50%	445.71 (50%)	186.81 (50%)	314.10 (50%)	164.53 (50%)
11	55%	401.13 (45%)	168.12 (45%)	282.69 (45%)	148.07 (45%)
12	60%	356.56 (40%)	149.44 (40%)	251.28 (40%)	131.62 (40%)
13	65%	311.99 (35%)	130.76 (35%)	219.87 (35%)	115.17 (35%)
14	70%	267.42 (30%)	112.08 (30%)	188.46 (30%)	98.71 (30%)
15	75%	222.85 (25%)	93.40 (25%)	157.05 (25%)	82.26 (25%)
16	80%	178.28 (20%)	74.72 (20%)	125.64 (20%)	65.81 (20%)
17	85%	133.71 (15%)	56.04 (15%)	94.23 (15%)	49.35 (15%)
18	90%	89.14 (10%)	37.36 (10%)	62.82 (10%)	32.90 (10%)
19	95%	44.57 (5%)	18.68 (5%)	31.41 (5%)	16.45 (5%)
20+	100%	0	0	0	0

* All contribution rates were rounded down to the nearest penny.
The rates shown for less than eight years of service only apply to survivors.

**BIWEEKLY PAYROLL DEDUCTIONS FOR EMPLOYEES FOR HEALTH CARE
2000 TO 2010**

	2000	2001	2002 non-rep	2002 rep	2003 w/o vision	2003 w vision	2004	2005 7/1/2005	2005 10/01/05	2006	2007	2008	2009	2010 12%	Proposed 2011 15%
PPO															
Single	\$7.72	\$7.92	\$8.50	\$9.11	\$10.48	\$9.78	\$11.24	\$11.24	\$16.20	\$19.50	\$22.54	\$24.14	\$27.32	\$29.94	\$37.43
Single+1	\$15.44	\$15.84	\$16.98	\$18.22	\$20.95	\$19.53	\$22.45	\$22.45	\$32.40	\$39.00	\$45.07	\$48.19	\$54.65	\$59.88	\$74.85
Family	\$27.02	\$27.72	\$29.68	\$31.88	\$36.66	\$34.13	\$39.25	\$39.25	\$56.64	\$68.25	\$78.88	\$84.29	\$95.63	\$104.79	\$130.98
HMO															
Single	\$7.68	\$8.44	\$8.91	\$9.71	\$11.17	\$10.25	\$11.79	\$11.79	\$18.39	\$9.25	\$14.88	\$16.61	\$17.92	\$22.83	\$28.54
Single+1	\$14.40	\$15.83	\$16.70	\$18.20	\$20.94	\$19.21	\$22.09	\$22.09	\$34.47	\$18.49	\$29.76	\$33.14	\$35.86	\$45.65	\$57.07
Family	\$21.97	\$24.15	\$25.50	\$27.77	\$31.94	\$29.33	\$33.72	\$33.72	\$52.59	\$32.36	\$52.08	\$57.96	\$62.75	\$79.90	\$99.86

Comparison of Employee Contributions for Health Care Coverage

Exhibit E

	MWRD	City of Chicago	County	State of Illinois	
CONTRIBUTIONS					
PPO	Bi-Weekly	Based on Annual Salary	Based on Annual Salary	Based on Annual Salary	Plus Dependent Coverage
Employee	\$29.94	Up to \$30,000 = \$15.71 per pay \$30,001 to \$89,999 = 1.2921% \$90,000 plus = \$48.45 per pay	1.50%	\$29,800 & Below = \$72.00 \$29,801 - \$45,000 = \$77.00 \$45,001 - \$59,900 = \$79.50 \$59,901 - \$74,900 = \$82.00 \$74,900 & above = \$84.50	
Employee + Spouse	\$59.88	Up to \$30,000 = \$23.88 per pay \$30,001 to \$89,999 = 1.9854% \$90,000 plus = \$74.45 per pay	2.00%	\$29,800 & Below = \$72.00 \$29,801 - \$45,000 = \$77.00 \$45,001 - \$59,900 = \$79.50 \$59,901 - \$74,900 = \$82.00 \$74,900 & above = \$84.50	\$196.00 \$196.00 \$196.00 \$196.00 \$196.00
Employee + Child(ren)			1.75%		
Family	\$104.79	Up to \$30,000 = \$27.65 per pay \$30,001 to \$89,999 = 2.4765% \$90,000 plus = \$92.87 per pay	2.25%	\$29,800 & Below = \$72.00 \$29,801 - \$45,000 = \$77.00 \$45,001 - \$59,900 = \$79.50 \$59,901 - \$74,900 = \$82.00 \$74,900 & above = \$84.50	\$226.00 \$226.00 \$226.00 \$226.00 \$226.00
HMO		Based on Annual Salary	Based on Annual Salary	Based on Annual Salary	Plus Dependent Coverage
Employee	\$22.83	Up to \$30,000 = \$15.71 per pay \$30,001 to \$89,999 = 1.2921% \$90,000 plus = \$48.45 per pay	0.50%	\$29,800 & Below = \$47.00 \$29,801 - \$45,000 = \$52.00 \$45,001 - \$59,900 = \$54.50 \$59,901 - \$74,900 = \$57.00 \$74,900 & above = \$59.50	
Employee + Spouse	\$45.65	Up to \$30,000 = \$23.88 per pay \$30,001 to \$89,999 = 1.9854% \$90,000 plus = \$74.45 per pay	1.00%	\$29,800 & Below = \$47.00 \$29,801 - \$45,000 = \$52.00 \$45,001 - \$59,900 = \$54.50 \$59,901 - \$74,900 = \$57.00 \$74,900 & above = \$59.50	\$83.00 \$83.00 \$83.00 \$83.00 \$83.00
Employee + Child(ren)			0.75%		
Family	\$79.90	Up to \$30,000 = \$27.65 per pay \$30,001 to \$89,999 = 2.4765% \$90,000 plus = \$92.87 per pay	1.25%	\$29,800 & Below = \$47.00 \$29,801 - \$45,000 = \$52.00 \$45,001 - \$59,900 = \$54.50 \$59,901 - \$74,900 = \$57.00 \$74,900 & above = \$59.50	\$116.00 \$116.00 \$116.00 \$116.00 \$116.00

Blue Cross/Blue Shield PPO Deductible and Out-of-Pocket Maximum History

Exhibit F

	9/1/1996	7/1/1998	7/1/1999	7/1/2000	7/1/2002	1/1/2006	1/1/2009	1/1/2011 Recommended
BCBS PPO								
Individual Deductible	\$100	\$100	\$100	\$100	\$150	\$200	\$250	\$400
Couple Deductible	\$200	\$200	\$200	\$200	\$300	\$400	\$500	\$800
Family Deductible	\$300	\$300	\$300	\$300	\$450	\$600	\$750	\$1,200
Individual Out of Pocket Expenditure Limit								
PPO	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$1,500	\$1,500
Non PPO	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Couple Out of Pocket Expenditure Limit								
PPO	\$2,000	\$2,000	\$2,000	\$2,000	\$3,000	\$3,000	\$3,000	\$3,000
Non PPO	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000
Family Out of Pocket								
PPO	\$3,000	\$3,000	\$3,000	\$3,000	\$4,000	\$4,000	\$4,000	\$4,000
Non PPO	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000
WELLNESS BENEFITS								
Partic. Provider	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Non-Partic. Provider	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Maximum	N/A	N/A	N/A	N/A	N/A	N/A	\$600	\$600

Comparison of PPO Deductibles and Out-of-Pocket Maximum

Exhibit G

DEDUCTIBLES	MWRD	City of Chicago	County	State of Illinois	
PPO	Single / Family	Single / Family	Single / Family	Based on Annual Salary	Family Plan
				\$59,900 or less = \$300.00	\$750.00
				\$59,901 - \$74,900 = \$400.00	\$1,000.00
				\$74,901 and above = \$450.00	\$1,125.00
				Dependents = \$300.00	N/A
In Network	\$250 / \$750	\$350 / \$1050	\$125 / \$250		
Out of Network	\$250 / \$750	\$1500 / \$3000	\$250 / \$500		
OUT OF POCKET					
PPO		Single / Family	Single / Family	Single / Family	
In Network	\$1500 / \$4000	\$1500 / \$3000	\$1500 / \$3000	\$1200 / \$3000	
Out of Network	\$3000 / \$9000	\$3500 / \$7000	\$3000 / \$6000	\$4400 / \$8800	