

FY 2008 Non-State Agency Premiums for PEIA

2008 <u>PPB</u>	Plan A		Plan B	
	Standard	Preferred	Standard	Preferred
Employee Only	\$ 214.01	\$ 199.01	\$ 178.01	\$ 163.01
Employee and Children	\$ 637.01	\$ 607.01	\$ 544.01	\$ 514.01
Family	\$ 637.01	\$ 607.01	\$ 544.01	\$ 514.01

2008 <u>CareLink- North Coverage</u>	Plan 1		Plan 2		PPO	
	Standard	Preferred	Standard	Preferred	Standard	Preferred
Employee Only	\$ 279.01	\$ 264.01	\$ 162.01	\$ 147.01	\$ 190.01	\$ 175.01
Employee and Children	\$ 526.01	\$ 496.01	\$ 351.01	\$ 321.01	\$ 388.01	\$ 358.01
Family	\$ 948.01	\$ 918.01	\$ 691.01	\$ 661.01	\$ 730.01	\$ 700.01

2008 <u>CareLink- South Coverage</u>	Plan 1		Plan 2		PPO	
	Standard	Preferred	Standard	Preferred	Standard	Preferred
Employee Only	\$ 283.01	\$ 268.01	\$ 173.01	\$ 158.01	\$ 177.01	\$ 162.01
Employee and Children	\$ 531.01	\$ 501.01	\$ 368.01	\$ 338.01	\$ 362.01	\$ 332.01
Family	\$ 952.01	\$ 922.01	\$ 697.01	\$ 667.01	\$ 687.01	\$ 657.01

2008 <u>Health Plan of the Upper Ohio Valley Coverage</u>	Plan A	Plan B	PPO
	Employee Only	\$ 253.01	\$ 116.01
Employee and Children	\$ 421.01	\$ 282.01	\$ 361.01
Family	\$ 828.01	\$ 587.01	\$ 722.01

FY 2008 Non-State Agency Premiums for RHBT

195.99

2008 PPB	Plan A		Plan B	
	Standard	Preferred	Standard	Preferred
Employee Only	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99
Employee and Children	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99
Family	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99

2008 CareLink- North Coverage	Plan 1		Plan 2		PPO	
	Standard	Preferred	Standard	Preferred	Standard	Preferred
Employee Only	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99
Employee and Children	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99
Family	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99

2008 CareLink- South Coverage	Plan 1		Plan 2		PPO	
	Standard	Preferred	Standard	Preferred	Standard	Preferred
Employee Only	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99
Employee and Children	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99
Family	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99	\$ 195.99

2008 Health Plan of the Upper Ohio Valley Coverage	Plan A	Plan B	PPO
	Employee Only	\$ 195.99	\$ 195.99
Employee and Children	\$ 195.99	\$ 195.99	\$ 195.99
Family	\$ 195.99	\$ 195.99	\$ 195.99