



## 2015-16 SCS HEALTH PLAN RATES - UNPAID LEAVE OF ABSENCE

### Employee Contributions

Medical Plan	20-Pay Premiums		24-Pay Premiums	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<b>OAP IN-NETWORK PLUS Option</b>				
Employee	\$124.72	\$154.72	\$103.94	\$128.94
Employee + 1	\$277.94	\$307.94	\$231.62	\$256.62
Family	\$387.73	\$417.73	\$323.11	\$348.11
<b>OAP BASIC Option</b>				
Employee	\$89.99	\$119.99	\$74.99	\$99.99
Employee + 1	\$219.97	\$249.97	\$183.31	\$208.31
Family	\$306.86	\$336.86	\$255.72	\$280.72
<b>CHOICE FUND HRA Option</b>				
Employee	\$55.20	\$85.20	\$46.00	\$71.00
Employee + 1	\$151.40	\$181.40	\$126.17	\$151.17
Family	\$211.21	\$241.21	\$176.01	\$201.2

Dental Plan	20-Pay Premiums		24-Pay Premiums	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<b>DPPO (\$2,000) Option</b>				
Employee	\$25.62		\$21.35	
Employee + 1	\$53.80		\$44.84	
Family	\$76.86		\$64.05	
<b>DPPO (\$1,500) Option</b>				
Employee	\$15.48		\$12.90	
Employee + 1	\$32.50		\$27.09	
Family	\$46.43		\$38.69	
<b>DEPO IN-NETWORK ONLY Option</b>				
Employee	\$11.41		\$9.51	
Employee + 1	\$23.95		\$19.96	
Family	\$34.22		\$28.52	

Vision Plan	20-Pay Premiums		24-Pay Premiums	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Employee	\$3.70		\$3.08	
Employee + 1	\$7.07		\$5.90	
Family	\$11.48		\$9.57	

**LIFE INSURANCE:** Please check the employee portal for your life insurance premium amount

Please submit payment and invoice for your health and life insurance to the SCS Benefits Office: SCS  
 Office of Benefits/Compensation  
 160 S. Hollywood Rm. 108  
 Memphis, TN 38112

**PLEASE NOTE:** Failure to pay insurance premiums while on leave of absence may result in termination of insurance coverage. Rates effective: 09/01/2015 - 07/31/2016.