Employee - Summary Enrollment Report

Medical Plan Enrollment

*****PPO*****

Coverage Level	FT (30-40 HRS)	PT (20-29 HRS)	PT (<20 HRS)	Affiliated Employers	TOTAL	COVERED LIVES
EMPLOYEE ONLY	3,904	24	1	6	3,935	3,935
EMPLOYEE AND SPOUSE	609	4	-	2	615	1,230
EMPLOYEE AND CHILDREN	1,555	2	-	4	1,561	4,597
EMPLOYEE AND FAMILY	1,411	1	-	2	1,414	5,895
EMPLOYEE AND DP	98	-	-	-	98	196
EMPLOYEE AND DF	57	-	-	-	57	231
TOTAL	7,634	31	1	14	7,680	16,084

*****HMO*****

Coverage Level	FT (30-40 HRS)	PT (20-29 HRS)	PT (<20 HRS)	Affiliated Employers	TOTAL	COVERED LIVES
EMPLOYEE ONLY	1,386	10	-	1	1,397	1,397
EMPLOYEE AND SPOUSE	218	-	-	-	218	436
EMPLOYEE AND CHILDREN	805	1	-	4	810	2,484
EMPLOYEE AND FAMILY	877	1	-	2	880	3,713
EMPLOYEE AND DP	26	-	-	-	26	52
EMPLOYEE AND DF	26	-	-	-	26	112
TOTAL	3,338	12	-	7	3,357	8,194

*****NOT COVERED*****	FT (30-40 HRS)	PT (20-29 HRS)	PT (<20 HRS)	Affiliated Employers	TOTAL
TOTAL	94	48	4	-	146

Dental Plan Enrollment

Coverage Level	FT (30-40 HRS)	PT (20-29 HRS)	PT (<20 HRS)	Affiliated Employers	TOTAL	COVERED LIVES
EMPLOYEE ONLY	5,035	36	2	6	5,079	5,079
EMPLOYEE AND SPOUSE	976	6	-	3	985	1,971
EMPLOYEE AND CHILDREN	1,485	4	-	4	1,493	4,410
EMPLOYEE AND FAMILY	3,241	2	-	8	3,251	13,601
EMPLOYEE AND DP	116	-	-	-	116	233
EMPLOYEE AND DF	117	-	-	-	117	494
TOTAL	10,970	48	2	21	11,041	25,788

Vision Plan Enrollment

Coverage Level	FT (30-40 HRS)	PT (20-29 HRS)	PT (<20 HRS)	Affiliated Employers	TOTAL	COVERED LIVES
EMPLOYEE ONLY	2,416	18	-	6	2,440	2,439
EMPLOYEE AND SPOUSE	849	3	-	4	856	1,715
EMPLOYEE AND CHILDREN	830	2	-	2	834	2,602
EMPLOYEE AND FAMILY	1,174	-	-	4	1,178	5,170
TOTAL	5,269	23	-	16	5,308	11,926

Pre-Paid Legal Plan Enrollment

Coverage Level	FT (30-40 HRS)	PT (20-29 HRS)	PT (<20 HRS)	Affiliated Employers	TOTAL	COVERED LIVES
EMPLOYEE ONLY	1,936	8	-	5	1,949	1,949
EMPLOYEE AND FAMILY	2,284	5	-	5	2,294	7,765
TOTAL	4,220	13	-	10	4,243	9,714

FLEXTRA Plan Enrollment

DEPENDENT CARE ====>>	281
HEALTH CARE======>>	3,639

Employee - Summary Enrollment Report

Basic Life Insurance Plan Enrollment

Age Bracket	FT (30-40 HRS)	PT (20-29 HRS)	PT (<20 HRS)	Affiliated Employers	TOTAL		TOTAL AMT
0 - 99	11,061	51	1	21	11,134		656,723,500
TOTAL	11,061	51	1	21	11,134		656,723,500

Supplemental Life Insurance Plan Enrollment

Age Bracket	FT (30-40 HRS)	PT (20-29 HRS)	PT (<20 HRS)	Affiliated Employers	TOTAL		TOTAL AMT
0 - 34	1,457	5	-	3	1,465		231,473,000
35 - 39	1,237	3	-	1	1,241		249,883,000
40 - 44	1,450	4	-	4	1,458		321,450,000
45 - 49	1,330	3	-	-	1,333		300,908,000
50 - 54	1,230	4	-	1	1,235		267,067,000
55 - 59	731	4	-	4	739		140,821,000
60 - 64	340	2	-	1	343		60,012,000
65 - 69	66	-	-	-	66		9,812,000
70 - 99	16	3	-	-	19		2,938,000
TOTAL	7,857	28	-	14	7,899		1,584,364,000

Dependent Life Insurance - Option 1 Enrollment

Coverage Level	FT (30-40 HRS)	PT (20-29 HRS)	PT (<20 HRS)	Affiliated Employers	TOTAL		COVERED LIVES
CHILDREN	628	3	-	-	631		1,132
SPOUSE	496	3	-	-	499		500
FAMILY	951	2	-	-	953		2,917
TOTAL	2,075	8	-	-	2,083		4,549

Dependent Life Insurance - Option 2 Enrollment

Coverage Level	FT (30-40 HRS)	PT (20-29 HRS)	PT (<20 HRS)	Affiliated Employers	TOTAL		COVERED LIVES
CHILDREN	1,088	3	-	1	1,092		2,132
SPOUSE	807	4	-	3	814		815
FAMILY	2,202	2	-	9	2,213		7,158
TOTAL	4,097	9	-	13	4,119		10,105

Short Term Disability Insurance Plan Enrollment

Age Bracket	FT (30-40 HRS)	PT (20-29 HRS)	PT (<20 HRS)	Affiliated Employers	TOTAL		70% OF ANNUAL SALARY
0 - 29	1,046	9	-	1	1,056		30,932,316
30 - 39	3,040	17	-	4	3,061		117,039,175
40 - 44	1,878	10	-	4	1,892		81,594,531
45 - 49	1,755	6	-	-	1,761		77,080,118
50 - 54	1,613	8	-	3	1,624		70,885,867
55 - 59	1,061	17	-	7	1,085		45,494,206
60 - 64	518	9	-	2	529		21,748,292
65 - 69	110	5	-	-	115		4,234,652
70 - 99	29	10	-	-	39		1,208,568
TOTAL	11,050	91	-	21	11,162		450,217,725

Long Term Disability Insurance Plan Enrollment

Age Bracket	FT (30-40 HRS)	PT (20-29 HRS)	PT (<20 HRS)	Affiliated Employers	TOTAL		ANNUAL COV AMT PER $100
0 - 29	635	4	-	1	640		279,225
30 - 39	2,282	7	-	4	2,293		1,287,837
40 - 49	2,804	8	-	4	2,816		1,804,397
50 - 59	2,009	9	-	10	2,028		1,272,779
60 - 69	455	5	-	2	462		277,413
70 - 99	16	1	-	-	17		7,454
TOTAL	8,201	34	-	21	8,256		4,929,104

Retiree - Summary Enrollment Report

Retiree Medical Plan Enrollment

PPO without Medicare

Coverage Level	COAERS	POLICE	FIRE	SELFPAY	TOTAL	COVERED LIVES
8A UNTD EO R<65	592	103	76	2	773	773
8C UNTD ES R<65|S<65	159	53	78	1	291	582
8E UNTD ES R<65|S>65	35	4	3	-	42	84
8H UNTD EC R<65	139	24	18	1	182	476
8I UNTD EF R<65|S<65	85	37	33	-	155	552
8J UNTD EF R<65|S>65	5	1	1	-	7	25
8Y UNTD EO S.S. <65	12	5	4	2	23	23
	1,027	227	213	6	1,473	2,515

PPO with Medicare

Coverage Level	COAERS	POLICE	FIRE	SELFPAY	TOTAL	COVERED LIVES
8B UNTD EO R>65	448	26	23	3	500	500
8D UNTD ES R>65|S>65	112	19	27	3	161	322
8F UNTD ES R>65|S<65	51	13	12	2	78	156
8G UNTD EC R>65	11	3	1	-	15	34
8K UNTD EF R>65|S<65	5	1	-	-	6	24
8L UNTD EF R>65|S>65	4	-	1	-	5	16
8Z UNTD EO S.S. >65	25	4	9	13	51	51
	656	66	73	21	816	1,103
* T O T A L PPO*	1,683	293	286	27	2,289	3,618

HMO without Medicare

Coverage Level	COAERS	POLICE	FIRE	SELFPAY	TOTAL	COVERED LIVES
9A UNTD EO R<65	288	35	25	1	349	349
9C UNTD ES R<65|S<65	78	15	19	-	112	225
9E UNTD ES R<65|S>65	9	-	3	-	12	24
9H UNTD EC R<65	55	10	12	-	77	210
9I UNTD EF R<65|S<65	38	15	7	-	60	239
9J UNTD EF R<65|S>65	2	1	-	-	3	12
9Y UNTD EO S.S. <65	8	2	2	-	12	12
	478	78	68	1	625	1,071

HMO with Medicare

Coverage Level	COAERS	POLICE	FIRE	SELFPAY	TOTAL	COVERED LIVES
9B UNTD EO R>65	352	27	23	5	407	407
9D UNTD ES R>65|S>65	127	20	32	-	179	358
9F UNTD ES R>65|S<65	35	10	9	-	54	108
9G UNTD EC R>65	9	2	-	-	11	28
9K UNTD EF R>65|S<65	9	-	2	-	11	38
9L UNTD EF R>65|S>65	2	-	-	-	2	6
9Z UNTD EO S.S. >65	45	10	14	13	82	82
	579	69	80	18	746	1,027
* T O T A L HMO*	1,057	147	148	19	1,371	2,098

Retiree - Summary Enrollment Report

Retiree Dental Plan Enrollment

Assurant Dental Plan Enrollment

Coverage Level	COAERS	POLICE	FIRE	SELFPAY	TOTAL		COVERED LIVES
A1 RET ASSURANT EO	408	27	22	2	459		459
A2 RET ASSURANT E1	272	33	53	-	358		717
A3 RET ASSURANT EF	67	16	13	-	96		347
A6 RET ASSURANT S.S.	15	1	2	5	23		23
* T O T A L *	762	77	90	7	936		1,546

Delta Dental Plan Enrollment

Coverage Level	COAERS	POLICE	FIRE	SELFPAY	TOTAL		COVERED LIVES
I1 RET DELTA DENTAL EO	892	106	64	5	1,067		1,067
I2 RET DELTA DENTAL E1	519	106	90	6	721		1,444
I3 RET DELTA DENTAL EF	171	64	38	-	273		995
I6 RET DELTA DENTAL S.S.	35	11	6	9	61		61
* T O T A L *	1,617	287	198	20	2,122		3,567

Retiree Vision Plan Enrollment

Coverage Level	COAERS	POLICE	FIRE	SELFPAY	TOTAL		COVERED LIVES
V1 RET DAVIS EO	512	61	31	3	607		607
V2 RET DAVIS ES	294	61	55	4	414		827
V3 RET DAVIS EC	64	13	8	-	85		221
V4 RET DAVIS EF	84	21	15	-	120		120
V6 RET DAVIS S.S.	25	13	4	7	49		49
* T O T A L *	979	169	113	14	1,275		1,824

COBRA and Continuation of Coverage for Domestic Partners - Summary Enrollment Report

EMPLOYEE AND RETIREE MEDICAL PLAN COBRA ENROLLMENT			
HMO Plan Enrollment		**PPO Plan Enrollment**	
CO	2	CO	2
EC	1	EC	1
EF	0	EF	2
EO	1	EO	21
ES	1	ES	1
SC	0	SC	1
SO	1	SO	7
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TOTAL	**6**	**TOTAL**	**35**
EMPLOYEE DENTAL PLAN COBRA ENROLLMENT			
CO	1		
EC	0		
EF	7		
EO	17		
ES	0		
SC	1		
SO	2		

TOTAL	**28**		
EMPLOYEE AND RETIREE VISION PLAN COBRA ENROLLMENT			
CO	0		
EC	0		
EF	0		
EO	7		
ES	0		
SC	0		
SO	2		

TOTAL	**9**		
EMPLOYEE FLEXTRA HEALTHCARE SPENDING ACCOUNT PLAN COBRA ENROLLMENT			
CO	0		
EC	0		
EF	0		
EO	0		
ES	0		
SC	0		
SO	0		

TOTAL	**0**		
RETIREE ASSURANT DENTAL PLAN COBRA ENROLLMENT			
Member Only	1		
Member +1	0		
Member & Family	0		

TOTAL	**1**		
RETIREE DELTA DENTAL PLAN COBRA ENROLLMENT			
Member Only	4		
Member +1	0		
Member & Family	0		

TOTAL	**4**		
ENROLLMENT CATEGORY DEFINITIONS			
CO	Children Only		
EC	Employee & Children		
EF	Employee & Family		
EO	Employee Only		
ES	Employee & Spouse		
SC	Spouse & Children		
SO	Spouse Only		