

**REPORT OF THE
DEPARTMENT OF PERSONNEL
AND TRAINING TO**

**Study the Feasibility of
Developing a Plan by
Which Temporary State Wage
Employees Could Obtain
Health Benefits**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



SENATE DOCUMENT NO. 21

**COMMONWEALTH OF VIRGINIA
RICHMOND
1990**



COMMONWEALTH of VIRGINIA

Department of Personnel and Training

January 4, 1990

TO: The Honorable Gerald L. Baliles
 Governor of Virginia

and

The General Assembly of Virginia

The 1989 General Assembly passed Senate Joint Resolution 212, requesting the Department of Personnel and Training to study the feasibility of developing a plan by which temporary wage employees could obtain health benefits. Enclosed for your review is the report prepared in response to this resolution.

Sincerely yours,

A handwritten signature in cursive script that reads "Karen Washabau".

Karen F. Washabau
Acting Director

I. INTRODUCTION

Purpose of This Report

Senate Joint Resolution (SJR) 212, which was passed by the 1989 General Assembly, directed the Department of Personnel and Training (DPT) to conduct a study of the feasibility of establishing a program whereby part-time employees working more than one-half time could obtain health benefits.

In conducting this study, DPT established three major objectives:

1. To determine the level of interest of part-time employees in obtaining health benefits, and identify the types of benefits desired and the amount employees would be willing to pay for these benefits;
2. To examine the policies and practices of other states with respect to the provision of health benefits for part-time employees; and
3. To identify alternative ways in which the Commonwealth could make available health benefits to part-time employees, and determine the advantages and disadvantages to each.

Current Employment Policies

Only full-time classified employees are currently eligible for health benefits. Table 1 illustrates current state policy on benefits for the three classes of employees.

| Table 1 | | |
|-----------------------|--|---|
| Employee Class | Hours To Be Worked | Benefits |
| Full-Time, Classified | 2,080 (100%) | Full Benefits |
| Part-Time, Classified | >1,040, less than full-time (50% or greater) | Prorated sick, holiday and annual leave |
| Wage (P-14) | Not to Exceed 1500 | None |

There are approximately 1200 Part-Time, Classified employees, including classified and faculty positions.

Wage employees are hired on a temporary basis as deemed necessary by the appointing authority. As stated in the DPT Policies and Procedures Manual, wage employment is intended to provide additional workers for seasonal or temporarily excessive workloads, interim replacements and short-term projects.

Prior to 1988, there was a large number of wage employees working virtually the same number of hours per year as full-time classified employees. However, during 1988, approximately 1600 of these positions were converted to full-time classified positions. The employees assuming these positions are now eligible to participate in the state's health benefits program. The 1988 conversion of wage employees significantly reduced the number of temporary employees working more than 1,040 hours (1/2 time) without benefits. As noted in Table 1, wage employees are now limited to 1,500 hours per year.

Because the Commonwealth does not maintain an automated system to track the number of wage employees, the exact number of these persons is not known. However, a DPT survey conducted in September, 1989 estimated the number of wage employees to be approximately 24,320. This figure includes only Wage employees working in Executive branch agencies. Approximately 7,500 of these wage employees worked between 1,040 hours (1/2 time) and the limit of 1,500 hours.

II. SURVEY OF PART-TIME EMPLOYEES: NEED FOR AND INTEREST IN OBTAINING HEALTH BENEFITS

In order to assess the level of interest in obtaining health benefits, DPT surveyed both Part-Time Classified and Wage employees. A total of 600 surveys were sent to the following six agencies and institutions which employ a large number of part-time employees:

- o University of Virginia;
- o Virginia Commonwealth University;
- o Virginia Polytechnic Institute and State University;
- o Department of Health;
- o Virginia Department of Transportation; and
- o Department of Mental Health, Mental Retardation, and Substance Abuse Services.

Survey Methodology

Each agency was sent 100 surveys to randomly distribute to their part-time employees. Agencies were allowed to distribute more than 100 surveys if they chose to do so. Only those employees who had worked at least 1,040 hours during the past 12 month period were surveyed. The minimum of 1,040 hours equals one-half the hours worked by full-time classified employees (2,080) and is considered to be a reasonable baseline criterion for determining which part-time employees would qualify for health benefits. A copy of the survey is attached at Appendix A.

Survey Results

A total of 653 surveys were distributed by the agencies and 373 surveys (57%) were returned. An analysis of the completed surveys produced the following major findings:

- o 71% of all respondents already have health benefits either as a dependent on their spouse's or parents' policy or through coverage they purchased on their own; of those with insurance, 68% are covered as a dependent and 32% have their own insurance;
- o 71% indicated coverage for major illnesses is more important than coverage for routine services;
- o if health benefits were available, 60% of the respondents would select employee-only coverage; 17% would select dual membership (employee and one dependent); and 23% would select family coverage (under the current program, employees have a choice of single and family coverage only);
- o the average amount respondents would be willing to pay each month for single coverage was \$36 (responses ranged from \$0 - 200); the average monthly amount for dual coverage was \$82 (range: \$3 - 250); and the average monthly amount for family coverage was \$85 (range: \$10 - 280); and
- o 39% of respondents have worked in a part-time capacity for the Commonwealth for 1 year or less; 43% have worked between 1 and 5 years (71% of these employees currently have insurance); 10% have worked 6-10 years (81% of these employees already have insurance); and 8% have worked 10 years or more (90% of these employees already have insurance).

III. HEALTH BENEFITS OFFERED TO PART-TIME EMPLOYEES IN OTHER STATES

Ten neighboring states were surveyed to determine the types of health benefits offered to part-time employees:

- o Delaware
- o Kentucky
- o New Jersey
- o Pennsylvania
- o Tennessee
- o Georgia
- o Maryland
- o North Carolina
- o South Carolina
- o West Virginia.

Seven of the ten states offer a comprehensive health benefits plan to their part-time employees who work at least 1/2 time (1,040 hours per year). Georgia, New Jersey and South Carolina do not provide health benefits to any of their part-time employees. No state offers health benefits to part-time employees who work less than 1/2 time.

Each state which offers health benefits to part-time employees provides a comprehensive benefits plan which includes a deductible ranging from \$100 - \$400, co-payments between 10% and 30%, and a stop-loss provision (maximum out-of-pocket expenses for a year) ranging from \$525 - \$5,000. These are the same benefits offered to full-time employees in each of the respective states.

Part-time employees can elect either employee-only or family coverage. Monthly premiums for employee-only coverage range from \$87 in Tennessee to \$175 in Delaware. Family premiums range from \$218 in Tennessee to \$428 in Delaware. Each state, except Delaware and North Carolina, pays a share of their part-time employees' insurance premiums. Employer contributions for single coverage range from 89% in Maryland to 100% in Kentucky and West Virginia. Contributions for family coverage range from 42% in Kentucky to 89% in Maryland.

The comprehensive benefits plans offered to employees in the seven survey states provide a lower level of benefits and require greater out-of-pocket expenses than any of the options offered to full-time classified state employees in Virginia.

IV. ALTERNATIVES FOR OFFERING HEALTH BENEFITS TO PART-TIME EMPLOYEES OF COMMONWEALTH

Based on the results of the survey of part-time employees, there does not appear to be an overwhelming number of employees without health benefits. Seventy-one percent of those who responded to the survey already have health insurance coverage either through a spouse or parent's policy or through a policy of their own. Of those with insurance, 68% are covered as a dependent and 32% have their own insurance. The percentage of employees who already have insurance increases substantially as employees' length of service with the Commonwealth increases. Eighty-one percent of employees who have worked between 6 and 10 years already have benefits; of those who have worked for 10 years or more, 90 percent have insurance.

Health Benefits Available through BC/BS' Non-Group Program

Part-time employees can purchase comprehensive health benefits through the non-group program of Blue Cross/Blue Shield of Virginia (BS/BS). Under this program, persons cannot be refused coverage for any health-related reason. The BC/BS program is unique among all insurance carriers in that BC/BS pays a reduced premium income tax rate for offering non-group health insurance without medical underwriting. Section 58.1-2501(A)(4) of the Code provides the special tax consideration.

Individuals enrolled in the non-group program can choose between four comprehensive health benefits plans. The only difference is the amount of the deductible: \$300, \$750, \$1,500 or \$2,500. Premiums for the BC/BS plans are based on age and geographic location. In Richmond, single coverage under the \$750 deductible program for a subscriber aged 30-39 is \$138 per month; family coverage would cost \$345. If an employee meets certain health requirements, the employee would qualify for a discounted premium: \$77 for single coverage and \$190 for family coverage. A complete description of the BC/BS non-group program benefits and premiums is attached at Appendix B.

Alternative Programs Offered by the Commonwealth

If the Commonwealth decided to offer health benefits to part-time employees, there are several alternatives that

could be established, depending on the level of benefits offered and the amount of the state's contribution to the cost of coverage. Four alternatives are discussed below. Each alternative has been formulated based upon the following assumptions.

- o Health benefits would be offered only to part-time classified employees (approximately 1,200) and those wage employees who would be expected to work an equivalent of one-half time (1,040 hours) during a year (approximately 7,500).
- o A significant state contribution toward the cost of coverage would be necessary in order to attract good risks as well as poor risks. (Without a significant contribution, only those employees who already have or expect to have high claims costs would likely join the program, eventually resulting in higher premiums).
- o Premium estimates and the approximate total cost to the Commonwealth to provide benefits are based on 100% participation by eligible employees (8700). Should the participation rates be significantly lower than 100%, the premiums would have to be increased to offset the program attracting only the poor risks.
- o The cost to the Commonwealth to administer the options listed below assumes 60% of eligible employees would select employee-only coverage and 40% would select family coverage. The estimated cost does not include the additional administrative costs to administer the program. An additional position within the Office of State and Local Health Benefits Programs would be necessary to handle the increased workload of enrolling employees and responding to claims inquiries and questions about the program.
- o The Annual Cost to the Commonwealth would be supported by both General Fund (GF) and non-general fund (NGF) sources.

Option A: Basic BC/BS Plan -Same Contributions: Under this option, eligible part-time employees would be offered the same benefits as those offered to full-time employees through the BC/BS Basic Plan. The state's contribution would also be the same: 100% for Employee-Only Coverage and approximately 71% for Family.

| EMPLOYEE ONLY | | FAMILY MEMBERSHIP | |
|----------------------|----------|--------------------------|----------|
| You Pay: | \$ 00.00 | You Pay: | \$121.80 |
| State Pays: | \$150.00 | State Pays: | \$298.20 |
| Total Premium: | \$150.00 | Total Premium: | \$420.00 |

Annual Cost To Commonwealth
\$ 21.9 million

Option B: Basic BC/BS Plan - 1/2 Contributions: Under this option, eligible part-time employees would be offered the same benefits as those offered to full-time employees through the BC/BS Basic Plan. However, the state's contribution would be one-half that paid toward full-time employee coverage: 50% for Employee-Only Coverage and approximately 35% of the total Family premium.

| EMPLOYEE ONLY | | FAMILY MEMBERSHIP | |
|----------------------|----------|--------------------------|----------|
| You Pay: | \$ 75.00 | You Pay: | \$273.00 |
| State Pays: | \$ 75.00 | State Pays: | \$147.00 |
| Total Premium: | \$150.00 | Total Premium: | \$420.00 |

Annual Cost To Commonwealth
\$ 10.8 million

Option C: Comprehensive Plan - Same Contributions: Under this option, eligible part-time employees would be offered a comprehensive benefits plan with a \$500 deductible, 20% co-payment, and a stop-loss provision of \$2,000. (This coverage would be very similar to that offered through BC/BS' non-group program.) The state's contribution would be the same as for full-time employees: 100% for Employee-Only Coverage and approximately 71% for Family.

| EMPLOYEE ONLY | | FAMILY MEMBERSHIP | |
|----------------------|----------|--------------------------|----------|
| You Pay: | \$ 00.00 | You Pay: | \$100.12 |
| State Pays: | \$123.30 | State Pays: | \$245.12 |
| Total Premium: | \$123.30 | Total Premium: | \$345.24 |

Annual Cost To Commonwealth
\$ 18 million

Option D: Comprehensive Plan - 1/2 Contributions: Under this option, eligible part-time employees would be offered the comprehensive benefits plan, however, the state's contribution would be one-half that paid toward full-time employee coverage: 50% for Employee-Only Coverage and approximately 35% of the total Family premium.

| EMPLOYEE ONLY | | FAMILY MEMBERSHIP | |
|----------------------|----------|--------------------------|----------|
| You Pay: | \$ 61.65 | You Pay: | \$224.41 |
| State Pays: | \$ 61.65 | State Pays: | \$120.83 |
| Total Premium: | \$123.30 | Total Premium: | \$345.24 |

Annual Cost To Commonwealth
\$ 8.9 million

Discussion of Alternatives

The Annual Cost To the Commonwealth for each alternative represents a maximum cost based on all 8700 eligible employees participating in the program. The actual cost would depend on the number of employees who elect to join the program. As noted earlier, the total cost would be divided between GF and NGF revenues, according to the number of employees in GF and NGF positions who elect to participate. Approximately 50% of full-time employees are supported by GF revenues and 50% by NGF revenues. The same approximate percentages would apply to wage employees.

As seen in the above descriptions, only Options A and C provide benefits at a cost to employees that approximates the average amount survey respondents indicated they would contribute (\$36 -single; \$85 - family) for health benefits. Options A and C also provide the greatest protection for the group against adverse selection. However, these two options would be the most expensive for the Commonwealth to fund.

Options B and D require less state funding; however, the employee contributions are significantly above what the average survey respondent wants to pay for the benefits. The lower state contribution also increases the likelihood that only the poorer risks will join the program resulting in an inevitable escalation of premiums.

One possible way to offset a portion of the Commonwealth's cost would be to assess all eligible wage employees (whether they join the program or not) a certain percentage of their salary to help fund the program. Those employees who elect to participate would also pay the employee-share of the premium, in addition to the salary assessment. While this approach would lessen the Commonwealth's cost, many employees who already have insurance and those who elect not to participate in the program would probably react negatively to such a salary reduction.

V. RECOMMENDATIONS

DPT concludes that while there is interest among part-time employees in obtaining health benefits, there does not appear to be an overwhelming number of employees who are without insurance. Based on survey results, 71 percent of part-time employees already have health insurance. The percentage of employees with health benefits is even greater among those with the longest tenure with the Commonwealth. Further, comprehensive health benefits are available through BC/BS without medical underwriting.

However, should the Commonwealth decide to establish a program to offer health benefits for those part-time employees who do not have insurance and those who are purchasing coverage on their own, DPT recommends that Option C be adopted. This Option would offer a comprehensive benefits plan geared more toward covering major illnesses, which is the type of benefits preferred by the majority of survey respondents. The state contribution level in this Option will lower the cost to employees and help protect the group against adverse selection. While the amount of funding required by the Commonwealth would be significant, such an approach would be the most prudent for the long term stability of the program.

APPENDIX A

HEALTH INSURANCE SURVEY - TEMPORARY EMPLOYEES

The 1989 General Assembly asked the Department of Personnel and Training (DPT) to determine the feasibility of developing a plan by which temporary employees could obtain health insurance coverage. The General Assembly will consider DPT's findings during the 1990 session.

We ask that you help us by answering the following questions. Please return your completed survey to your Human Resource Officer by October 25, 1989.

Thank you for responding -- your opinions are important to DPT and the General Assembly.

1. Are you currently covered by a health benefits plan?

_____ Yes (Go To #2) (1)

_____ No (Go To #3) (2)

2. Please check the phrase that best describes your situation:

_____ I am a dependent on my spouse's or parents' plan (1)

_____ I am insured on my own (2)

3. If you do not have any type of health benefit coverage or would like better coverage, would you be interested in any of the following? (Check as many as apply.)

_____ Basic hospital benefits (Pays part of the cost of hospitalization) (1)

_____ Basic physician benefits (Pays part of the cost of doctors' care and surgery) (2)

_____ Major medical coverage (Pays a portion of unreimbursed expenses such as prescription drugs, medical equipment, and ambulance services) (3)

4. Which is more important to you: (Check one.)

_____ low monthly premiums (1)

_____ low deductibles, copayments, and out-of-pocket expenses (2)

5. Which is more important to you: (Check one.)

_____ coverage for a major illness or surgery (1)

or

_____ coverage for routine services (2)

HEALTH INSURANCE SURVEY - TEMPORARY EMPLOYEES

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6. If a health benefits option were offered to temporary employees, which type of coverage would you need? (Check one.)

_____ Single (yourself only) (1)

_____ Dual (yourself and one dependent) (2)

_____ Family (yourself and more than one dependent) (3)

7. For a health benefits plan that pays part of the cost of hospitalization, physicians' care and miscellaneous medical expenses, how much would you be willing to pay for the type of coverage you selected in Question 6?

Single: \$ _____ per month (1)

Dual: \$ _____ per month (2)

Family: \$ _____ per month (3)

8. How long have you worked for the Commonwealth of Virginia in a temporary or part-time classified capacity?

_____ 0-5 months (1)

_____ 6 months - 1 year (2)

_____ 1-5 years (3)

_____ 6-10 years (4)

_____ More than 10 years (5)

9. Please check the range in which your current hourly wage falls:

_____ \$4.82 - \$7.87 (1)

_____ \$8.23 - \$9.84 (2)

_____ \$10.75 - \$15.36 (3)

_____ \$16.06 - \$23.99 (4)

_____ more than \$25.00 (5)

APPENDIX B

Personal Health Care Program Benefit Summary

The Personal Health Care Program offers you a choice of four comprehensive health care plans—Comp-Care 300, 750, 1500 and 2500. All plans provide you and enrolled family members with a wide range of health care services. The only difference in coverage between is the deductible amount you select:

| | | | |
|--|--|---|---|
| Comp-Care 300 \$300 calendar year deductible | Comp-Care 750 \$750 calendar year deductible | Comp-Care 1500 \$1,500 calendar year deductible | Comp-Care 2500 \$2,500 calendar year deductible |
|--|--|---|---|

Each plan has a \$2,500 out-of-pocket expense limit.

Hospital Admission Review is required for all inpatient care.

This requirement, along with other Benefits Management features, ensure that you avoid any unnecessary days of inpatient care.

It's your responsibility to request Hospital Admission Review. If your Hospital Admission Review does not take place—even if the admission is later determined to be medically necessary—you must pay the first \$500 in covered charges for each admission. This \$500 is in addition to your program's deductible and coinsurance amounts.

Hospital/Facility Benefits:

| | |
|---|--------------------|
| Room Allowance, including special diets and general nursing services, in a hospital, substance abuse treatment facility, contracting nursing home | 80% |
| Hospital Care for illness, injury or pregnancy related conditions | 80% unlimited days |
| Inpatient Psychiatric Care including drug and alcohol treatment (30 days maximum per calendar year) | 80% |
| Skilled Nursing Home Care | 80% |
| Ancillaries (Operating, treatment and recovery room, drugs and medications, anesthesia, lab and x-ray) | 80% |
| Hospital Outpatient Care for accidental injury, surgery, radiological therapy, and chemotherapy (not oral) | 80% |
| Home Health (contracting agency services provided by physician, nurse, therapist, or home health aide) | 80% |

Physician's Care and Medical/Surgical Benefits:

| | |
|--|----------|
| Inpatient Medical Service care of illness and injury | 80% UCR* |
| Inpatient Psychiatric Care including drug and alcohol treatment (30 days, maximum per calendar year) | 80% UCR* |
| Skilled Nursing Home Care | 80% UCR* |
| Surgical, Surgical Assistant, Obstetrical, Anesthesia, Pathological, Consultative, Lab and Radiological Services | 80% UCR* |
| Outpatient Diagnostic X-ray and Lab Tests | 80% UCR* |
| Pre- and Post-Natal Care (under Family contracts only) | 80% UCR* |
| Physician Outpatient Care for accidental injury, surgery, radiological therapy, chemotherapy (not oral), medical emergencies, and necessary office and home visits | 80% UCR* |
| Home Health (Medical Services) | 80% UCR* |
| Outpatient Private Duty Nursing (\$500 calendar year maximum) | 80% UCR* |
| Spinal Manipulation (\$500 calendar year maximum) | 80% UCR* |

Other Health Care Benefits

| | |
|---|----------|
| Other Covered Services, including out-of-hospital prescription drugs and insulin, ambulance service, durable medical equipment, and the cost of blood, blood plasma, and blood derivatives. | 80% UCR* |
|---|----------|

*Usual, Customary and Reasonable Payment

**Personal Health Care Program
Rates Effective October 1, 1989**

Area 1

| MONTHLY RATES | COMP-CARE 300 | | COMP-CARE 750 | | COMP-CARE 1500 | | COMP-CARE 2500 | |
|---|----------------------|--------------------------|----------------------|--------------------------|-----------------------|--------------------------|-----------------------|--------------------------|
| | Standard | Healthy Virginian | Standard | Healthy Virginian | Standard | Healthy Virginian | Standard | Healthy Virginian |
| Age Categories & Types of Membership | | | | | | | | |
| Ages 29 and Under | | | | | | | | |
| Subscriber Only | \$ 140.82 | \$ 77.32 | \$ 107.32 | \$ 60.39 | \$ 96.84 | \$ 55.34 | \$ 85.46 | \$ 49.85 |
| Subscriber-One Minor | 215.88 | 111.46 | 164.90 | 85.93 | 148.79 | 78.74 | 131.32 | 70.93 |
| Family | 441.42 | 247.07 | 341.48 | 188.14 | 308.12 | 172.39 | 271.92 | 155.29 |
| Ages 30 to 39 | | | | | | | | |
| Subscriber Only | \$ 181.06 | \$ 98.52 | \$ 137.98 | \$ 76.95 | \$ 124.51 | \$ 70.52 | \$ 109.88 | \$ 63.52 |
| Subscriber-One Minor | 238.31 | 131.59 | 182.04 | 101.45 | 164.25 | 92.96 | 144.96 | 83.73 |
| Family | 446.12 | 249.75 | 345.12 | 190.19 | 311.40 | 174.26 | 274.82 | 156.97 |
| Ages 40 to 49 | | | | | | | | |
| Subscriber Only | \$ 223.53 | \$ 124.71 | \$ 170.35 | \$ 97.41 | \$ 153.71 | \$ 89.26 | \$ 135.65 | \$ 80.40 |
| Subscriber-One Minor | 280.36 | 154.81 | 214.16 | 119.35 | 193.24 | 109.36 | 170.54 | 98.51 |
| Family | 469.60 | 268.55 | 363.28 | 204.50 | 327.79 | 187.38 | 289.28 | 168.79 |
| Ages 50 to 59 | | | | | | | | |
| Subscriber | \$ 257.06 | \$ 149.65 | \$ 195.90 | \$ 116.89 | \$ 176.77 | \$ 107.11 | \$ 156.00 | \$ 96.48 |
| Subscriber-One Minor | 319.61 | 176.48 | 244.14 | 136.06 | 220.29 | 124.67 | 194.42 | 112.30 |
| Family | 535.34 | 314.20 | 414.14 | 239.27 | 373.68 | 219.23 | 329.78 | 197.48 |
| Ages 60 and Over | | | | | | | | |
| Subscriber Only | \$ 295.06 | \$ 189.56 | \$ 224.86 | \$ 148.06 | \$ 202.90 | \$ 135.68 | \$ 179.06 | \$ 122.21 |
| Subscriber-One Minor | 386.90 | 213.64 | 295.54 | 164.70 | 266.67 | 150.92 | 235.35 | 135.94 |
| Family | 615.18 | 397.45 | 475.90 | 302.66 | 429.40 | 277.32 | 378.96 | 249.81 |

Comp-Care 300

You are responsible for the first \$300 each calendar year for covered services (\$600 with family membership).

Comp-Care 750

You are responsible for the first \$750 each calendar year for covered services (\$1,500 with family membership).

Comp-Care 1500

You are responsible for the first \$1,500 each calendar year for covered services (\$3,000 with family membership).

Comp-Care 2500

You are responsible for the first \$2,500 each calendar year for covered services (\$5,000 with family membership).



**Blue Cross
Blue Shield**
of Virginia

Government and Individual Business Center
Post Office Box 14046
Roanoke, Virginia 24038-4046

**Personal Health Care Program
Rates Effective October 1, 1989**

Area 2

| MONTHLY RATES | COMP-CARE 300 | | COMP-CARE 750 | | COMP-CARE 1500 | | COMP-CARE 2500 | |
|---|----------------------|--------------------------|----------------------|--------------------------|-----------------------|--------------------------|-----------------------|--------------------------|
| | Standard | Healthy Virginian | Standard | Healthy Virginian | Standard | Healthy Virginian | Standard | Healthy Virginian |
| Age Categories & Types of Membership | | | | | | | | |
| Ages 29 and Under | | | | | | | | |
| Subscriber Only | \$139.61 | \$ 70.29 | \$106.93 | \$ 54.91 | \$ 96.49 | \$ 50.31 | \$ 85.15 | \$ 45.32 |
| Subscriber-One Minor | 215.41 | 101.34 | 162.61 | 78.12 | 146.72 | 71.58 | 129.49 | 64.48 |
| Family | 406.77 | 224.62 | 306.91 | 171.03 | 276.93 | 156.71 | 244.40 | 141.16 |
| Ages 30 to 39 | | | | | | | | |
| Subscriber Only | \$162.19 | \$ 89.56 | \$124.23 | \$ 69.96 | \$112.09 | \$ 64.11 | \$ 98.92 | \$ 57.75 |
| Subscriber-One Minor | 233.80 | 119.64 | 176.49 | 92.23 | 159.25 | 84.51 | 140.54 | 76.13 |
| Family | 411.19 | 227.06 | 310.25 | 172.89 | 279.94 | 158.42 | 247.05 | 142.70 |
| Ages 40 to 49 | | | | | | | | |
| Subscriber Only | \$205.31 | \$113.37 | \$157.25 | \$ 88.56 | \$141.89 | \$ 81.15 | \$125.22 | \$ 73.10 |
| Subscriber-One Minor | 262.70 | 140.75 | 198.30 | 108.50 | 178.93 | 99.42 | 157.91 | 89.56 |
| Family | 442.14 | 244.15 | 333.60 | 185.90 | 301.01 | 170.34 | 265.65 | 153.44 |
| Ages 50 to 59 | | | | | | | | |
| Subscriber | \$240.21 | \$136.04 | \$183.98 | \$106.27 | \$166.01 | \$ 97.38 | \$146.51 | \$ 87.72 |
| Subscriber-One Minor | 291.60 | 160.46 | 220.11 | 123.69 | 198.61 | 113.34 | 175.28 | 102.10 |
| Family | 504.04 | 285.66 | 380.30 | 217.50 | 343.15 | 199.30 | 302.84 | 179.52 |
| Ages 60 and Over | | | | | | | | |
| Subscriber Only | \$291.54 | \$172.32 | \$223.30 | \$134.61 | \$201.48 | \$123.35 | \$177.81 | \$111.11 |
| Subscriber-One Minor | 336.26 | 194.24 | 253.82 | 149.73 | 229.03 | 137.20 | 202.12 | 123.59 |
| Family | 614.57 | 361.34 | 463.70 | 275.13 | 418.40 | 252.10 | 369.25 | 227.09 |

Comp-Care 300

You are responsible for the first \$300 each calendar year for covered services (\$600 with family membership).

Comp-Care 750

You are responsible for the first \$750 each calendar year for covered services (\$1,500 with family membership).

Comp-Care 1500

You are responsible for the first \$1,500 each calendar year for covered services (\$3,000 with family membership).

Comp-Care 2500

You are responsible for the first \$2,500 each calendar year for covered services (\$5,000 with family membership).



**Blue Cross
Blue Shield**
of Virginia

**Personal Health Care Program
Rates Effective October 1, 1989**

Government and Individual Business Center
Post Office Box 14046
Roanoke, Virginia 24038-4046

Area 3

| MONTHLY RATES | COMP-CARE 300 | | COMP-CARE 750 | | COMP-CARE 1500 | | COMP-CARE 2500 | |
|---|----------------------|--------------------------|----------------------|--------------------------|-----------------------|--------------------------|-----------------------|--------------------------|
| | Standard | Healthy Virginian | Standard | Healthy Virginian | Standard | Healthy Virginian | Standard | Healthy Virginian |
| Age Categories & Types of Membership | | | | | | | | |
| Ages 29 and Under | | | | | | | | |
| Subscriber Only | \$128.61 | \$ 63.26 | \$ 98.02 | \$ 49.42 | \$ 88.44 | \$ 45.28 | \$ 78.05 | \$ 40.79 |
| Subscriber-One Minor | 215.41 | 91.20 | 162.61 | 70.31 | 146.72 | 64.43 | 129.49 | 58.03 |
| Family | 366.06 | 202.13 | 282.80 | 153.94 | 255.17 | 141.05 | 225.19 | 127.06 |
| Ages 30 to 39 | | | | | | | | |
| Subscriber Only | \$149.41 | \$ 80.61 | \$113.87 | \$ 62.97 | \$102.75 | \$ 57.70 | \$ 90.68 | \$ 51.97 |
| Subscriber-One Minor | 233.80 | 107.67 | 176.49 | 83.00 | 159.25 | 76.06 | 140.54 | 68.51 |
| Family | 370.04 | 204.33 | 285.87 | 155.62 | 257.94 | 142.59 | 227.64 | 128.44 |
| Ages 40 to 49 | | | | | | | | |
| Subscriber Only | \$189.13 | \$102.04 | \$144.14 | \$ 79.71 | \$130.06 | \$ 73.04 | \$114.78 | \$ 65.79 |
| Subscriber-One Minor | 262.70 | 126.67 | 198.30 | 97.65 | 178.93 | 89.48 | 157.91 | 80.60 |
| Family | 397.89 | 219.71 | 307.39 | 167.33 | 277.36 | 153.32 | 244.77 | 138.11 |
| Ages 50 to 59 | | | | | | | | |
| Subscriber | \$221.28 | \$122.45 | \$168.64 | \$ 95.65 | \$152.17 | \$ 87.65 | \$134.29 | \$ 78.95 |
| Subscriber-One Minor | 291.60 | 144.40 | 220.11 | 111.32 | 198.61 | 102.01 | 175.28 | 91.88 |
| Family | 453.59 | 257.06 | 350.42 | 195.78 | 316.19 | 179.38 | 279.04 | 161.59 |
| Ages 60 and Over | | | | | | | | |
| Subscriber Only | \$268.56 | \$155.10 | \$204.68 | \$121.16 | \$184.69 | \$111.02 | \$162.99 | \$100.00 |
| Subscriber-One Minor | 336.26 | 174.80 | 253.82 | 134.76 | 229.03 | 123.48 | 202.12 | 111.23 |
| Family | 553.07 | 325.17 | 427.27 | 247.65 | 385.53 | 226.91 | 340.23 | 204.40 |

Comp-Care 300

You are responsible for the first \$300 each calendar year for covered services (\$600 with family membership).

Comp-Care 750

You are responsible for the first \$750 each calendar year for covered services (\$1,500 with family membership).

Comp-Care 1500

You are responsible for the first \$1,500 each calendar year for covered services (\$3,000 with family membership).

Comp-Care 2500

You are responsible for the first \$2,500 each calendar year for covered services (\$5,000 with family membership).

