

2011 FREESCALE PLAN RATES
Pre-65 Monthly Rates

FREESCALE MEDICAL PLAN	Monthly Price Tags			
	You Only	You + Spouse	You + Child(ren)	You + Family
Grandfathered (Pre-1993)				
Option 1 (\$0 Deductible)	\$77.00	\$241.00	\$241.00	\$241.00
Option 2 (\$750 Deductible)	\$65.00	\$205.00	\$205.00	\$205.00
Option 3 (50% Plan)	\$63.00	\$198.00	\$198.00	\$198.00
Option 4 (Health Net)*	\$78.00	\$243.00	\$243.00	\$243.00
Non-Grandfathered (Post-1992)				
Option 1 (\$0 Deductible)	\$364.00	\$946.00	\$946.00	\$946.00
Option 2 (\$750 Deductible)	\$216.00	\$636.00	\$636.00	\$636.00
Option 3 (50% Plan)	\$156.00	\$513.00	\$513.00	\$513.00
Option 4 (Health Net)*	\$372.00	\$955.00	\$955.00	\$955.00

*TDPs are not eligible to enroll in Health Net

FREESCALE DENTAL PLAN	Monthly Price Tags			
	You Only	You + Spouse	You + Child(ren)	You + Family
Retirees Pre-65	\$41.00	\$85.00	\$85.00	\$85.00

FREESCALE VISION PLAN	Monthly Price Tags			
	You Only	You + Spouse	You + Child(ren)	You + Family
Retirees Pre-65	\$2.47	\$6.73	\$6.73	\$6.73