

2012 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	\$252.00	\$252.00	\$252.00
Option 2 (\$750 Deductible)	\$65.00	\$214.00	\$214.00	\$214.00
Option 3 (50% Plan)	\$63.00	\$207.00	\$207.00	\$207.00
Option 4 (Health Net)*	\$87.00	\$282.00	\$282.00	\$282.00
Non-Grandfathered (Post-1992)				
Option 1 (\$0 Deductible)	\$405.00	\$1,053.00	\$1,053.00	\$1,053.00
Option 2 (\$750 Deductible)	\$240.00	\$708.00	\$708.00	\$708.00
Option 3 (50% Plan)	\$174.00	\$571.00	\$571.00	\$571.00
Option 4 (Health Net)*	\$503.00	\$1,250.00	\$1,250.00	\$1,250.00

*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	\$87.00	\$87.00	\$87.00

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