



2012 Rate Information

As you evaluate your 2012 Benefit Choices, you may want to refer to the following Medical, Dental, and Vision plan rates. Along with the information in the Decision Guide, the plan rates will help you consider your needs and determine which benefits are right for you.

MEDICAL OPTIONS	Monthly Contribution			
	EE	EE + S	EE + C	EE + F
Aetna Select AZ HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select Buffalo HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select Detroit HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select FL HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select MA HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select MidAtlantic HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select MN HMO	\$61.40	\$128.96	\$116.60	\$184.20
Aetna Select NV HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select NJ HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select NY HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select N. California HMO	\$64.72	\$135.96	\$122.96	\$194.24
Aetna Select N. Carolina HMO	\$46.24	\$97.12	\$87.80	\$138.72
Aetna Select PA HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select S. California HMO	\$0.00	\$0.00	\$0.00	\$0.00
Anthem Colorado HMO	\$0.00	\$0.00	\$0.00	\$0.00
BCBS IL HMO	\$0.00	\$0.00	\$0.00	\$0.00
BCBS Medical PPO	\$83.20	\$174.72	\$158.04	\$249.60
Group Health WA HMO	\$0.00	\$0.00	\$0.00	\$0.00
HMSA Hawaii HMO	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Atlanta HMO	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Denver HMO	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Hawaii HMO	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser MidAtlantic HMO	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser N. California HMO	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Northwest HMO	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Ohio HMO	\$36.12	\$75.92	\$68.64	\$108.44
Kaiser S. California HMO	\$0.00	\$0.00	\$0.00	\$0.00

DENTAL OPTIONS	Monthly Contribution			
	EE	EE + S	EE + C	EE + F
Aetna Dental HMO	\$0.00	\$0.00	\$0.00	\$0.00
MetLife Traditional Dental PPO (Flight Attendants)	\$8.88	\$18.64	\$19.52	\$29.32
MetLife Traditional Dental PPO (ALL Except Flight Attendants)	\$8.60	\$18.08	\$18.96	\$28.44

VISION OPTIONS	Monthly Contribution			
	EE	EE + S	EE + C	EE + F
Superior Vision	\$7.60	\$15.30	\$12.50	\$21.40
VSP	\$9.01	\$15.39	\$15.78	\$24.99
VSP Plus	\$11.32	\$17.67	\$21.18	\$28.32

This rate sheet lists the monthly rates for all 2012 medical, dental and vision plans available to co-workers in your workgroup. You can review the specific plans for which you are eligible (based on your address on record) on the Your Benefits Resources (YBR) website or by calling the United Airlines Benefits Center.