

# 2009 Employee Benefit Contribution

MEDICAL PLAN - MONTHLY RATES	POS 90/60 PLAN			POS 80/50 PLAN			COVERAGE FIRST PLAN			HDHP		
	EE CONTRIBUTION	ADD'L POST TAX	IMPUTED INCOME	EE CONTRIBUTION	ADD'L POST TAX	IMPUTED INCOME	EE CONTRIBUTION	ADD'L POST TAX	IMPUTED INCOME	EE CONTRIBUTION	ADD'L POST TAX	IMPUTED INCOME
Employee only	79.95	-	-	27.10	-	-	14.03	-	-	8.11	-	-
Employee + Spouse	294.94	-	-	189.22	-	-	163.08	-	-	43.24	-	-
Employee + Child(ren)	276.24	-	-	175.81	-	-	150.98	-	-	33.25	-	-
Employee + Family	446.82	-	-	277.67	-	-	235.86	-	-	65.93	-	-
EE & EFMember	79.95	413.71	413.71	27.10	360.84	360.84	14.03	347.77	347.77	8.11	225.21	225.21
EE + EFM Child(ren)	79.95	372.33	372.33	27.1	324.75	324.75	14.03	312.99	312.99	8.11	196.86	196.86
EE + EFM + EFM Child(ren)	79.95	910.11	910.11	27.1	793.81	793.81	14.03	765.07	765.07	8.11	565.42	565.42
EE + EFM + EE Child(ren)	276.24	537.78	537.78	175.81	469.06	469.06	150.98	452.08	452.08	33.25	364.24	364.24
EE + EFM + Family Mx	276.24	537.78	537.78	175.81	469.06	469.06	150.98	452.08	452.08	33.25	364.24	364.24

DENTAL PLAN - MONTHLY RATES	PREFERRED PLAN			PREMIER PLAN			FULL PREMIUM - PREFERRED			FULL PREMIUM - PREMIER		
	EE CONTRIBUTION	ADD'L POST TAX	IMPUTED INCOME	EE CONTRIBUTION	ADD'L POST TAX	IMPUTED INCOME	EE CONTRIBUTION	ADD'L POST TAX	IMPUTED INCOME	EE CONTRIBUTION	ADD'L POST TAX	IMPUTED INCOME
Employee only	0	-	-	19.32	-	-	18.66	-	-	37.98	-	-
Employee + Spouse	18.63	-	-	57.29	-	-	37.29	-	-	75.95	-	-
Employee + Child(ren)	16.77	-	-	66.55	-	-	35.43	-	-	85.25	-	-
Employee + Family	37.29	-	-	104.75	-	-	55.95	-	-	123.41	-	-
EE & EFMember	0	18.63	18.63	19.32	37.97	37.97	18.66	18.63	18.63	37.98	37.97	37.97
EE + EFM Child(ren)	0	16.77	16.77	19.32	47.23	47.23	18.66	16.77	16.77	37.98	47.23	47.23
EE + EFM + EFM Child(ren)	0	37.29	37.29	19.32	85.43	85.43	18.66	37.29	37.29	37.98	85.43	85.43
EE + EFM + EE Child(ren)	16.77	20.52	20.52	66.55	38.2	38.2	35.43	20.52	20.52	85.21	38.20	38.20
EE + EFM + Family Mx	16.77	20.52	20.52	66.55	38.2	38.2	35.43	20.52	20.52	85.21	38.20	38.20

VISION PLAN - MONTHLY RATES	VSP - SIGNATURE CHOICE PLAN		
Employee only	\$5.34	-	-
Employee + Spouse	\$10.92	-	-
Employee + Child(ren)	\$11.66	-	-
Employee + Family	\$18.66	-	-
EE & EF Member	\$5.34	\$5.58	\$5.58
EE + EFM Child(ren)	\$5.34	\$6.32	\$6.32
EE + EFM + EFM Child(ren)	\$5.34	\$13.32	\$13.32
EE + EFM + EE Child(ren)	\$11.66	\$7.00	\$7.00
EE + EFM + Family Mx	\$11.66	\$7.00	\$7.00

EE = Employee	EFM = Extended Family Member
<b>Additional Post-Tax:</b>	The portion of your employee contribution that will be deducted after taxes due to the dependents that you are enrolling as extended family members
<b>Imputed Income:</b>	Insureds with Non-IRS dependents (Extended Family Members) are subject to federal taxes on the value of your health plan's full cost individual premium. This is known as your imputed income to the insured. The amount of tax you will pay on the imputed income will depend on your total "taxable income, including the imputed income."

**BI-WEEKLY DEDUCTION SCHEDULES**

**24 TIMES A YEAR**

- Medical
- Dentala
- Vision
- Optional Life
- Dependent Life
- Short Term Disability
- Long Term Care

**26 TIMES A YEAR**

- KERS & KERS Buy-Back
- FSA for Medical/Dependent care, HSA, Advance Card
- All voluntary retirement (TIAA-CREF & KYDCA)
- Parking