

2009 Employee Benefit Contributions

Medical Plan - Mthly Rates	POS 90/60 Plan	POS 80/50 Plan	Coverage First Plan	HDHP	Classic 250
Coverage Level	Premium	Premium	Premium	EE Contribution	Premium
Employee only	\$413.67	\$360.82	\$347.75	\$283.51	\$514.35
Employee + Spouse	\$827.38	\$721.66	\$695.52	\$567.04	\$1,028.72
Employee + Child(ren)	\$786.00	\$685.57	\$660.74	\$538.69	\$977.29
Employee + Family	\$1,323.78	\$1,154.63	\$1,112.82	\$907.25	\$1,645.93
EE & EFM Member	\$827.38	\$721.66	\$695.52	\$567.04	\$1,028.72
EE + EFM Child(ren)	\$786.00	\$685.57	\$660.74	\$538.69	\$977.29
EE + EFM + EFMChdn	\$1,323.78	\$1,154.63	\$1,112.82	\$907.25	\$1,645.93
EE + EFM + EEChild(ren)	\$1,323.78	\$1,154.63	\$1,112.82	\$907.25	\$1,645.93
EE + EFM + Family Mx	\$1,323.78	\$1,154.63	\$1,112.82	\$907.25	\$1,645.93

Dental Plan - Mthly Rates	Full Premium - Preferred	Full Premium - Premier		VSP - Signature Choice Plan
Employee only	\$18.66	\$37.98		\$5.34
Employee + Spouse	\$37.29	\$75.95		\$10.92
Employee + Child(ren)	\$35.43	\$85.25		\$11.66
Employee + Family	\$55.95	\$123.41		\$18.66
EE & EFM Member	\$18.66	\$37.98		\$5.34
EE + EFM Child(ren)	\$18.66	\$37.98		\$5.34
EE + EFM + EFMChdn	\$18.66	\$37.98		\$5.34
EE + EFM + EEChild(ren)	\$35.43	\$85.21		\$11.66
EE + EFM + Family Mx	\$35.43	\$85.21		\$11.66