

2009-2010 EMPLOYEE CONTRIBUTIONS BY PLAN SELECTION

EFFECTIVE 10/01/2009

CLASSIFIED 10- MONTH EMPLOYEES

Medical Rates include \$3.00 EAP expense

Medical Plans	PPO - Blue Cross Coverage					Kaiser		PacifiCare
	4	5	6	8	HDHP 2	1	7	3
Deductible								
Individual	\$100	\$100	\$250	\$500	\$2,000	\$0	\$0	\$0
Family	\$300	\$300	\$750	\$1,500	\$6,000	\$0	\$0	\$0
Coinsurance	90%	90%	80%	80%	80%	100%	100%	100%
OPM	300	300	1000	2000	5250	1500	1500	?
Office Visit	\$10	\$20	\$10	Major Med	Major Med	\$0	\$25	\$10
Prescription Plans	A	B	A	C				W
	Retail \$5 / \$22	Retail \$7 / \$15 / \$30	Retail \$5 / \$12	Retail \$7 / \$25 / \$40	Subject to Major Medical	Retail \$5 / \$5	Retail \$10 / \$30	Retail \$10 / \$20 / \$25
	Mail Order \$10 / \$44	Mail Order \$15 / \$35 / \$70	Mail Order \$10 / \$18	Mail Order \$15 / \$60 / \$80				
Single	\$715.20	\$705.60	\$660.00	\$579.60	\$463.20	\$733.20	\$624.00	\$908.40
Two-Party	\$1,226.40	\$1,208.40	\$1,137.60	\$993.60	\$788.40	\$1,257.60	\$1,069.20	\$1,813.20
Family	\$1,550.40	\$1,526.40	\$1,435.20	\$1,255.20	\$998.40	\$1,586.40	\$1,348.80	\$2,565.60
Dental	INCENTIVE, Prosthodontics 70/80/90/100%, \$1500 Annual Maximum, Implant \$1500 Annually							
Single	\$72.52	\$72.52	\$72.52	\$72.52	\$72.52	\$72.52	\$72.52	\$72.52
Two-Party	\$131.26	\$131.26	\$131.26	\$131.26	\$131.26	\$131.26	\$131.26	\$131.26
Family	\$188.70	\$188.70	\$188.70	\$188.70	\$188.70	\$188.70	\$188.70	\$188.70
Vision								
Single	\$10.74	\$10.74	\$10.74	\$10.74	\$10.74	\$10.74	\$10.74	\$10.74
Two-Party	\$20.05	\$20.05	\$20.05	\$20.05	\$20.05	\$20.05	\$20.05	\$20.05
Family	\$29.78	\$29.78	\$29.78	\$29.78	\$29.78	\$29.78	\$29.78	\$29.78
	Total Plan Costs Medical, Dental Incentive, Vision							
Single	\$798.46	\$788.86	\$743.26	\$662.86	\$546.46	\$816.46	\$707.26	\$991.66
Two-Party	\$1,377.71	\$1,359.71	\$1,288.91	\$1,144.91	\$939.71	\$1,408.91	\$1,220.51	\$1,964.51
Family	\$1,768.88	\$1,744.88	\$1,653.68	\$1,473.68	\$1,216.88	\$1,804.88	\$1,567.28	\$2,784.08

2009-2010 Defined Contribution		Employee Costs with Incentive Dental Plan						
		\$1,303.42						
Single	(\$504.96)	(\$514.56)	(\$560.16)	(\$640.56)	(\$756.96)	(\$486.96)	(\$596.16)	(\$311.76)
Two-Party	\$74.29	\$56.29	(\$14.51)	(\$158.51)	(\$363.71)	\$105.49	(\$82.91)	\$661.09
Family	\$465.46	\$441.46	\$350.26	\$170.26	(\$86.54)	\$501.46	\$263.86	\$1,480.66

Dental	NON-INCENTIVE, PPO 70/30, Orthodontics 100% \$4000, Implant \$1500 Annually							
Single	\$45.02	\$45.02	\$45.02	\$45.02	\$45.02	\$45.02	\$45.02	\$45.02
Two-Party	\$87.66	\$87.66	\$87.66	\$87.66	\$87.66	\$87.66	\$87.66	\$87.66
Family	\$156.16	\$156.16	\$156.16	\$156.16	\$156.16	\$156.16	\$156.16	\$156.16
	Total Plan Costs Medical, Dental Non-Incentive, Vision							
Single	\$770.96	\$761.36	\$715.76	\$635.36	\$518.96	\$788.96	\$679.76	\$964.16
Two-Party	\$1,334.11	\$1,316.11	\$1,245.31	\$1,101.31	\$896.11	\$1,365.31	\$1,176.91	\$1,920.91
Family	\$1,736.34	\$1,712.34	\$1,621.14	\$1,441.14	\$1,184.34	\$1,772.34	\$1,534.74	\$2,751.54

2009-2010 Defined Contribution		Employee Costs with Non-Incentive Dental Plan						
		\$1,303.42						
Single	(\$532.46)	(\$542.06)	(\$587.66)	(\$668.06)	(\$784.46)	(\$514.46)	(\$623.66)	(\$339.26)
Two-Party	\$30.69	\$12.69	(\$58.11)	(\$202.11)	(\$407.31)	\$61.89	(\$126.51)	\$617.49
Family	\$432.92	\$408.92	\$317.72	\$137.72	(\$119.08)	\$468.92	\$231.32	\$1,448.12