

Medical Insurance - 2009 Rates													
Coverage Level	Total Monthly Premium	Total Bi-Weekly Premium	Annual Salary										
			<=\$20,000	\$20,001-\$40,000	\$40,001-\$60,000	\$60,001-\$80,000	\$80,001-\$100,000	\$100,001-\$120,000	\$120,001-\$140,000	\$140,001-\$160,000	\$160,001-\$180,000	\$180,001-\$200,000	\$200,001+
Full-Time Employee Contribution Amounts (Bi-Weekly):													
Single	\$496.59	\$229.20	\$6.23	\$10.40	\$16.64	\$22.89	\$31.21	\$40.81	\$42.14	\$43.51	\$44.92	\$46.38	\$47.89
2-Person	\$993.17	\$458.39	\$87.36	\$99.87	\$116.51	\$133.15	\$149.79	\$167.57	\$173.02	\$178.64	\$184.45	\$190.44	\$196.63
Family	\$1,390.42	\$641.73	\$122.31	\$139.82	\$163.11	\$186.41	\$209.70	\$234.60	\$242.23	\$250.10	\$258.23	\$266.62	\$275.29
Family/2 Employee (Subscriber)	\$695.21	\$320.87 ¹	\$23.71	\$30.39	\$39.94	\$49.52	\$61.17	\$74.33	\$76.75	\$79.24	\$81.81	\$84.47	\$87.22
Family/2 Employee (Covered Spouse)	\$695.21	\$320.87 ¹	\$23.71	\$30.39	\$39.94	\$49.52	\$61.17	\$74.33	\$76.75	\$79.24	\$81.81	\$84.47	\$87.22
Part-Time Employee Contribution Amounts (Bi-Weekly):													
Single	\$496.59	\$229.20	\$76.83	\$87.80	\$98.78	\$109.75	\$120.90	\$138.78	n/a	n/a	n/a	n/a	n/a
2-Person	\$993.17	\$458.39	\$153.65	\$175.60	\$197.55	\$219.50	\$241.79	n/a	n/a	n/a	n/a	n/a	n/a
Family	\$1,390.42	\$641.73	\$215.11	\$245.84	\$276.57	\$307.30	\$338.51	n/a	n/a	n/a	n/a	n/a	n/a
Family/2 Employee (Subscriber)	\$695.21	\$320.87 ¹	\$107.55	\$122.92	\$138.28	\$153.65	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Family/2 Employee (Covered Spouse)	\$695.21	\$320.87 ¹	\$107.55	\$122.92	\$138.28	\$153.65	n/a	n/a	n/a	n/a	n/a	n/a	n/a

¹ One-half full family premium: in two-employee couples both employees pay towards the cost of the coverage; each according to his/her own salary tier.

Dental Insurance - 2009 Rates			
Coverage Level	Total Monthly Premium	Total Bi-Weekly Premium	Bi-Weekly Employee Contribution
Full-Time Employees			
Single	\$45.58	\$21.04	\$1.05
2-Person	\$91.15	\$42.07	\$17.38
Family	\$127.62	\$58.90	\$25.34
Family/2 Employee (Subscriber)	\$63.81	\$29.45 ¹	\$4.67
Family/2 Employee (Covered Spouse)	\$63.81	\$29.45 ¹	\$4.67
Part-Time Employees			
Single	\$45.58	\$21.04	\$10.52
2-Person	\$91.15	\$42.07	\$27.35
Family	\$127.62	\$58.90	\$38.29
Family/2 Employee (Subscriber)	\$63.81	\$29.45 ¹	\$15.99
Family/2 Employee (Covered Spouse)	\$63.81	\$29.45 ¹	\$15.99

¹ One-half full family premium: in two-employee couples both employees pay towards the cost of the coverage.