

2009-2010 EMPLOYEE CONTRIBUTIONS BY PLAN SELECTION
EFFECTIVE 10/01/2009

MANAGEMENT and CONFIDENTIAL EMPLOYEES

Medical Rates include \$3.00 EAP expense

PPO - Blue Cross Coverage

Kaiser

PacifiCare

Medical Plans	4	5	6	8	HDHP 2	1	7	
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	\$0
Prescription Plans	A	B	B	C				
	Retail \$5 / \$22	Retail \$7 / \$15 / \$30	Retail \$7 / \$15 / \$30	Retail \$7 / \$25 / \$40	Subject to Major Medical	Retail \$5 / \$5	Retail \$10 / \$30	Retail \$5 / \$5
	Mail Order \$10 / \$44	Mail Order \$15 / \$35 / \$70	Mail Order \$15 / \$35 / \$70	Mail Order \$15 / \$60 / \$80				
Single	\$596	\$588	\$548	\$483	\$386	\$611	\$520	\$846
Two-Party	\$1,022	\$1,007	\$941	\$828	\$657	\$1,048	\$891	\$1,687
Family	\$1,292	\$1,272	\$1,188	\$1,046	\$832	\$1,322	\$1,124	\$2,386
Dental	INCENTIVE, Prosthodontics 70/80/90/100%, \$1500 Annual Maximum, Implant \$1500 Annually							
Single	\$60.43	\$60.43	\$60.43	\$60.43	\$60.43	\$60.43	\$60.43	\$60.43
Two-Party	\$109.38	\$109.38	\$109.38	\$109.38	\$109.38	\$109.38	\$109.38	\$109.38
Family	\$157.25	\$157.25	\$157.25	\$157.25	\$157.25	\$157.25	\$157.25	\$157.25
Vision								
Single	\$8.95	\$8.95	\$8.95	\$8.95	\$8.95	\$8.95	\$8.95	\$8.95
Two-Party	\$16.71	\$16.71	\$16.71	\$16.71	\$16.71	\$16.71	\$16.71	\$16.71
Family	\$24.82	\$24.82	\$24.82	\$24.82	\$24.82	\$24.82	\$24.82	\$24.82

Total Plan Cost for Medical, Dental Incentive, Vision

Single	\$665.38	\$657.38	\$617.38	\$552.38	\$455.38	\$680.38	\$589.38	\$915.38
Two-Party	\$1,148.09	\$1,133.09	\$1,067.09	\$954.09	\$783.09	\$1,174.09	\$1,017.09	\$1,813.09
Family	\$1,474.07	\$1,454.07	\$1,370.07	\$1,228.07	\$1,014.07	\$1,504.07	\$1,306.07	\$2,568.07

2009-2010 Defined Contribution

\$1,086.18

Employee Costs with Dental Incentive Plan

Single	(\$420.80)	(\$428.80)	(\$468.80)	(\$533.80)	(\$630.80)	(\$405.80)	(\$496.80)	(\$170.80)
Two-Party	\$61.91	\$46.91	(\$19.09)	(\$132.09)	(\$303.09)	\$87.91	(\$69.09)	\$726.91
Family	\$387.89	\$367.89	\$283.89	\$141.89	(\$72.11)	\$417.89	\$219.89	\$1,481.89

Dental NON-INCENTIVE, PPO 70/30, \$1500 Annual Max, Orthodontics 100% \$4000 Lifetime, Implant \$1500 Annually

Single	\$43.25	\$43.25	\$43.25	\$43.25	\$43.25	\$43.25	\$43.25	\$43.25
Two-Party	\$83.40	\$83.40	\$83.40	\$83.40	\$83.40	\$83.40	\$83.40	\$83.40
Family	\$145.04	\$145.04	\$145.04	\$145.04	\$145.04	\$145.04	\$145.04	\$145.04

Total Plan Cost for Medical, Dental Non-Incentive, Vision

Single	\$648.20	\$640.20	\$600.20	\$535.20	\$438.20	\$663.20	\$572.20	\$898.20
Two-Party	\$1,122.11	\$1,107.11	\$1,041.11	\$928.11	\$757.11	\$1,148.11	\$991.11	\$1,787.11
Family	\$1,461.86	\$1,441.86	\$1,357.86	\$1,215.86	\$1,001.86	\$1,491.86	\$1,293.86	\$2,555.86

2009-2010 Defined Contribution

\$1,086.18

Employee Costs with Dental Non-Incentive Plan

Single	(\$437.98)	(\$445.98)	(\$485.98)	(\$550.98)	(\$647.98)	(\$422.98)	(\$513.98)	(\$187.98)
Two-Party	\$35.93	\$20.93	(\$45.07)	(\$158.07)	(\$329.07)	\$61.93	(\$95.07)	\$700.93
Family	\$375.68	\$355.68	\$271.68	\$129.68	(\$84.32)	\$405.68	\$207.68	\$1,469.68