



EMPLOYEE COST SHARING

January 1, 2009 through December 31, 2009



2009 BENEFIT RATES						
Type of Benefit	Single		2-Person		Family	
	Monthly	Semi	Monthly	Semi	Monthly	Semi
HMO Medical	106.70	53.35	213.38	106.69	288.22	144.11
PPO Medical	139.66	69.83	279.30	139.65	377.06	188.53



Type of Benefit	Single		2-Person		Family	
	Monthly	Semi	Monthly	Semi	Monthly	Semi
Dental insurance	7.43	3.72	13.67	6.84	24.15	12.07



Type of Benefit	Single		2-Person		Employee + Children		Family	
	Monthly	Semi	Monthly	Semi	Monthly	Semi	Monthly	Semi
Vision Plan	7.62	3.81	12.18	6.09	12.44	6.22	20.04	10.02