

# Medical, Vision, Dental & Insurance

## 2009 RATE SUMMARY SHEET

Below and on the reverse side are the calendar year rates for your benefit options. Refer to the detailed plan information to determine which plans are right for you.

### MEDICAL, VISION & DENTAL RATES

PLAN	LEVEL OF COVERAGE	PER PAY PERIOD EMPLOYEE CONTRIBUTION									
		FULL-TIME SALARY LEVEL 1* <i>Salary &lt; \$35,000</i>		FULL-TIME SALARY LEVEL 2* <i>Salary = \$35,000-73,999</i>		FULL-TIME SALARY LEVEL 3* <i>Salary = \$74,000-110,999</i>		FULL-TIME SALARY LEVEL 4* <i>Salary =&gt; \$111,000</i>		EXTENDED PART-TIME <i>All Salaries</i>	
		EXEMPT (24 Deductions)	NON-EXEMPT (26 Deductions)	EXEMPT (24 Deductions)	NON-EXEMPT (26 Deductions)	EXEMPT (24 Deductions)	NON-EXEMPT (26 Deductions)	EXEMPT (24 Deductions)	NON-EXEMPT (26 Deductions)	EXEMPT (24 Deductions)	NON-EXEMPT (26 Deductions)
Blue Point2 POS A	• Individual	\$41.53	\$38.34	\$52.96	\$48.88	\$58.03	\$53.57	\$62.18	\$57.39	\$84.95	\$78.42
	• 2 Person	\$98.97	\$91.36	\$115.25	\$106.38	\$122.07	\$112.68	\$128.92	\$119.00	\$186.86	\$172.49
	• Family	\$139.67	\$128.92	\$162.28	\$149.80	\$169.70	\$156.65	\$177.37	\$163.72	\$239.64	\$221.21
	• One Parent Family	\$114.15	\$105.37	\$134.17	\$123.84	\$141.77	\$130.86	\$149.21	\$137.74	\$196.02	\$180.94
Blue Point2 POS B	• Individual	\$35.66	\$32.92	\$46.15	\$42.60	\$51.09	\$47.16	\$55.15	\$50.91	\$79.24	\$73.15
	• 2 Person	\$82.91	\$76.53	\$99.12	\$91.50	\$105.53	\$97.42	\$112.14	\$103.52	\$173.67	\$160.31
	• Family	\$120.93	\$111.63	\$143.54	\$132.49	\$150.46	\$138.89	\$157.85	\$145.70	\$224.50	\$207.23
	• One Parent Family	\$89.96	\$83.04	\$104.03	\$96.03	\$109.56	\$101.14	\$116.39	\$107.44	\$181.63	\$167.66
Blue Point2 POS B No Drug	• Individual	\$0.00	\$0.00	\$11.23	\$10.37	\$15.54	\$14.34	\$19.09	\$17.63	\$43.98	\$40.59
	• 2 Person	\$20.16	\$18.61	\$26.75	\$24.69	\$31.86	\$29.41	\$37.42	\$34.54	\$100.74	\$92.99
	• Family	\$43.95	\$40.56	\$53.73	\$49.59	\$61.01	\$56.32	\$67.11	\$61.95	\$132.80	\$122.58
	• One Parent Family	\$21.54	\$19.89	\$30.54	\$28.19	\$35.59	\$32.85	\$41.43	\$38.24	\$110.84	\$102.32
Vision Care Plan	• Individual	\$4.48	\$4.13	\$4.48	\$4.13	\$4.48	\$4.13	\$4.48	\$4.13	\$4.48	\$4.13
	• 2 Person	\$8.94	\$8.25	\$8.94	\$8.25	\$8.94	\$8.25	\$8.94	\$8.25	\$8.94	\$8.25
	• Family	\$14.39	\$13.28	\$14.39	\$13.28	\$14.39	\$13.28	\$14.39	\$13.28	\$14.39	\$13.28
Dental Plan	• Individual	\$3.25	\$3.00	\$3.25	\$3.00	\$3.25	\$3.00	\$3.25	\$3.00	\$5.46	\$5.04
	• 2 Person	\$7.54	\$6.96	\$7.54	\$6.96	\$7.54	\$6.96	\$7.54	\$6.96	\$12.74	\$11.76
	• Family	\$11.44	\$10.56	\$11.44	\$10.56	\$11.44	\$10.56	\$11.44	\$10.56	\$19.37	\$17.88

\* Salary as of 1/1/09 or hire date, if later

**PLEASE NOTE: The POS A and POS B amounts are the total of both the medical and the RIT Rx portion of your contribution. Due to an unavoidable system issue, the amount for non-exempt employees that shows on the Oracle Self-Service enrollment screens are slightly lower -- the lower amount is incorrect. Your actual payroll contribution amounts will be correct based on the amounts on this page.**