

# Benefits Contribution Rate Summary Sheet

## Calendar Year 2010

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 AND BENEFLEX CONTRIBUTION MAXIMUMS

----- PER PAY PERIOD EMPLOYEE CONTRIBUTION -----

PLAN	LEVEL OF COVERAGE	FULL-TIME SALARY LEVEL 1* Salary < \$35,000		FULL-TIME SALARY LEVEL 2* Salary = \$35,000-73,999		FULL-TIME SALARY LEVEL 3* Salary = \$74,000-110,999		FULL-TIME SALARY LEVEL 4* Salary => \$111,000		EXTENDED PART-TIME All Salaries	
		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	\$42.78	\$39.49	\$57.09	\$52.70	\$63.72	\$58.82	\$69.51	\$64.17	\$90.91	\$83.92
	● 2 Person	\$101.94	\$94.10	\$124.24	\$114.68	\$134.04	\$123.73	\$144.13	\$133.04	\$200.65	\$185.22
	● Family	\$143.86	\$132.79	\$174.94	\$161.48	\$186.33	\$172.00	\$198.30	\$183.04	\$254.39	\$234.82
	● One Parent Family	\$117.58	\$108.53	\$144.63	\$133.50	\$155.66	\$143.69	\$166.82	\$153.99	\$220.66	\$203.69
Blue Point2 POS B	● Individual	\$36.73	\$33.91	\$49.75	\$45.92	\$56.09	\$51.78	\$61.66	\$56.91	\$84.14	\$77.67
	● 2 Person	\$85.40	\$78.83	\$106.85	\$98.63	\$115.88	\$106.96	\$125.38	\$115.73	\$184.74	\$170.53
	● Family	\$124.56	\$114.98	\$154.73	\$142.83	\$165.20	\$152.50	\$176.47	\$162.90	\$235.94	\$217.79
	● One Parent Family	\$92.65	\$85.53	\$112.15	\$103.52	\$120.30	\$111.05	\$130.13	\$120.12	\$193.89	\$178.97
Blue Point2 POS B No Drug	● Individual	\$0.00	\$0.00	\$11.86	\$10.95	\$16.72	\$15.43	\$20.93	\$19.32	\$47.81	\$44.13
	● 2 Person	\$20.56	\$18.98	\$28.25	\$26.08	\$34.28	\$31.64	\$41.01	\$37.85	\$109.43	\$101.01
	● Family	\$44.82	\$41.38	\$56.73	\$52.37	\$65.65	\$60.60	\$73.55	\$67.89	\$142.76	\$131.78
	● One Parent Family	\$21.97	\$20.28	\$32.25	\$29.77	\$38.30	\$35.35	\$45.41	\$41.91	\$120.32	\$111.06
Blue Point2 POS C	● Individual	\$2.37	\$2.18	\$14.22	\$13.13	\$19.08	\$17.62	\$23.29	\$21.50	\$53.93	\$49.78
	● 2 Person	\$25.92	\$23.93	\$33.61	\$31.02	\$39.64	\$36.59	\$46.37	\$42.80	\$123.32	\$113.83
	● Family	\$50.97	\$47.05	\$62.88	\$58.05	\$71.80	\$66.28	\$79.70	\$73.57	\$158.69	\$146.48
	● One Parent Family	\$27.82	\$25.68	\$38.09	\$35.16	\$44.14	\$40.75	\$51.25	\$47.31	\$135.46	\$125.04
Vision Care Plan	● Individual	\$4.91	\$4.53	\$4.91	\$4.53	\$4.91	\$4.53	\$4.91	\$4.53	\$4.91	\$4.53
	● 2 Person	\$9.80	\$9.04	\$9.80	\$9.04	\$9.80	\$9.04	\$9.80	\$9.04	\$9.80	\$9.04
	● Family	\$15.77	\$14.56	\$15.77	\$14.56	\$15.77	\$14.56	\$15.77	\$14.56	\$15.77	\$14.56
Dental Plan	● Individual	\$3.38	\$3.12	\$3.38	\$3.12	\$3.38	\$3.12	\$3.38	\$3.12	\$5.72	\$5.28
	● 2 Person	\$8.06	\$7.44	\$8.06	\$7.44	\$8.06	\$7.44	\$8.06	\$7.44	\$13.91	\$12.84
	● Family	\$12.22	\$11.28	\$12.22	\$11.28	\$12.22	\$11.28	\$12.22	\$11.28	\$20.67	\$19.08

\* Salary as of 1/1/10 or hire date, if later

### BENEFLEX

Dependent Day Care Spending Account - \$5,000 (IRS maximum for all employers, per family)

Health Care Spending Account - \$5,000 (RIT limit)