

Benefits Contribution Rate Summary Sheet

Calendar Year 2012

Below and on the reverse side are the calendar year rates for your benefit options. Refer to the detailed plan information to determine which plan is 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 < \$37,000		FULL-TIME SALARY LEVEL 2* Salary = \$37,000-77,999		FULL-TIME SALARY LEVEL 3* Salary = \$78,000-116,999		FULL-TIME SALARY LEVEL 4* Salary => \$117,000		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	\$47.15	\$43.53	\$66.89	\$61.74	\$76.73	\$70.83	\$86.00	\$79.38	\$110.38	\$101.89
	• 2 Person	\$112.36	\$103.72	\$145.56	\$134.36	\$161.41	\$148.99	\$178.31	\$164.59	\$243.81	\$225.05
	• Family	\$158.57	\$146.37	\$204.97	\$189.20	\$224.38	\$207.12	\$245.32	\$226.45	\$309.88	\$286.04
	• One Parent Family	\$129.60	\$119.63	\$169.46	\$156.42	\$187.45	\$173.03	\$206.38	\$190.51	\$269.22	\$248.51
Blue Point2 POS B	• Individual	\$40.49	\$37.37	\$58.28	\$53.80	\$67.55	\$62.35	\$76.28	\$70.41	\$102.36	\$94.49
	• 2 Person	\$94.13	\$86.89	\$125.19	\$115.56	\$139.54	\$128.80	\$155.11	\$143.18	\$224.90	\$207.60
	• Family	\$137.30	\$126.73	\$181.29	\$167.35	\$198.94	\$183.64	\$218.32	\$201.53	\$287.95	\$265.80
	• One Parent Family	\$102.13	\$94.27	\$131.40	\$121.29	\$144.87	\$133.72	\$160.99	\$148.60	\$236.72	\$218.51
Blue Point2 POS B No Drug	• Individual	\$0.00	\$0.00	\$14.40	\$13.29	\$20.86	\$19.25	\$26.80	\$24.74	\$58.94	\$54.40
	• 2 Person	\$23.51	\$21.70	\$34.31	\$31.67	\$42.76	\$39.47	\$52.52	\$48.48	\$134.94	\$124.56
	• Family	\$51.26	\$47.32	\$68.90	\$63.60	\$81.89	\$75.59	\$94.20	\$86.95	\$176.91	\$163.30
	• One Parent Family	\$25.13	\$23.20	\$39.16	\$36.15	\$47.77	\$44.10	\$58.15	\$53.68	\$148.42	\$137.01
Blue Point2 POS D	• Individual	\$2.61	\$2.41	\$16.66	\$15.38	\$22.98	\$21.21	\$28.81	\$26.60	\$61.17	\$56.47
	• 2 Person	\$28.57	\$26.37	\$39.38	\$36.35	\$47.73	\$44.06	\$57.36	\$52.95	\$139.72	\$128.97
	• Family	\$56.19	\$51.86	\$73.68	\$68.01	\$86.46	\$79.81	\$98.60	\$91.02	\$181.82	\$167.83
	• One Parent Family	\$30.66	\$28.31	\$44.63	\$41.20	\$53.16	\$49.07	\$63.41	\$58.53	\$153.02	\$141.25
Vision Care Plan	• Individual	\$4.42	\$4.08	\$4.42	\$4.08	\$4.42	\$4.08	\$4.42	\$4.08	\$4.42	\$4.08
	• 2 Person	\$8.84	\$8.16	\$8.84	\$8.16	\$8.84	\$8.16	\$8.84	\$8.16	\$8.84	\$8.16
	• Family	\$14.17	\$13.08	\$14.17	\$13.08	\$14.17	\$13.08	\$14.17	\$13.08	\$14.17	\$13.08
Dental Plan	• Individual	\$3.90	\$3.60	\$3.90	\$3.60	\$3.90	\$3.60	\$3.90	\$3.60	\$6.11	\$5.64
	• 2 Person	\$9.10	\$8.40	\$9.10	\$8.40	\$9.10	\$8.40	\$9.10	\$8.40	\$14.30	\$13.20
	• Family	\$13.91	\$12.84	\$13.91	\$12.84	\$13.91	\$12.84	\$13.91	\$12.84	\$21.71	\$20.04

* Salary as of 1/1/12 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)