

Medical, Vision, Dental & Insurance

2008 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

PER PAY PERIOD EMPLOYEE CONTRIBUTION

PLAN	LEVEL OF COVERAGE	FULL-TIME SALARY LEVEL 1* <i>Salary < \$34,000</i>		FULL-TIME SALARY LEVEL 2* <i>Salary = \$34,000-71,999</i>		FULL-TIME SALARY LEVEL 3* <i>Salary = \$72,000-107,999</i>		FULL-TIME SALARY LEVEL 4* <i>Salary => \$108,000</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	\$37.91	\$35.00	\$47.65	\$43.99	\$51.49	\$47.53	\$54.52	\$50.33	\$78.59	\$72.54
	• 2 Person	\$95.40	\$88.06	\$108.56	\$100.21	\$112.83	\$104.15	\$117.20	\$108.19	\$177.76	\$164.09
	• Family	\$135.28	\$124.88	\$154.72	\$142.82	\$160.44	\$148.10	\$166.03	\$153.26	\$228.14	\$210.59
	• One Parent Family	\$109.78	\$101.33	\$126.32	\$116.60	\$131.26	\$121.16	\$136.13	\$125.66	\$186.43	\$172.09
Blue Point2 POS B	• Individual	\$32.37	\$29.88	\$41.23	\$38.06	\$44.94	\$41.48	\$47.88	\$44.19	\$73.20	\$67.57
	• 2 Person	\$80.31	\$74.13	\$93.38	\$86.20	\$97.24	\$89.76	\$101.36	\$93.56	\$165.33	\$152.61
	• Family	\$117.68	\$108.62	\$137.07	\$126.53	\$142.29	\$131.35	\$147.58	\$136.23	\$213.86	\$197.41
	• One Parent Family	\$87.13	\$80.43	\$97.59	\$90.09	\$100.91	\$93.14	\$105.04	\$96.96	\$172.86	\$159.56
Blue Point2 POS B No Drug	• Individual	\$0.00	\$0.00	\$7.87	\$7.27	\$10.78	\$9.95	\$13.02	\$12.02	\$38.42	\$35.46
	• 2 Person	\$19.39	\$17.90	\$24.23	\$22.37	\$26.44	\$24.41	\$29.12	\$26.88	\$93.25	\$86.08
	• Family	\$42.64	\$39.36	\$52.19	\$48.17	\$55.38	\$51.12	\$58.90	\$54.37	\$125.37	\$115.73
	• One Parent Family	\$20.39	\$18.83	\$27.51	\$25.39	\$30.01	\$27.70	\$32.72	\$30.21	\$102.56	\$94.67
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	\$2.85	\$2.63	\$2.85	\$2.63	\$2.85	\$2.63	\$2.85	\$2.63	\$5.07	\$4.68
	• 2 Person	\$6.76	\$6.24	\$6.76	\$6.24	\$6.76	\$6.24	\$6.76	\$6.24	\$11.83	\$10.92
	• Family	\$10.27	\$9.48	\$10.27	\$9.48	\$10.27	\$9.48	\$10.27	\$9.48	\$17.94	\$16.56

* Salary as of 1/1/08 or hire date, if later