

**2009-2010 EMPLOYEE CONTRIBUTIONS BY PLAN SELECTION**  
**EFFECTIVE 10/01/2009**

CLASSIFIED 12- MONTH EMPLOYEES

*Medical Rates include \$3.00 EAP expense*

**PPO - Blue Cross Coverage**

**Kaiser**

**PacifiCare**

Medical Plans	4	5	6	8	HDHP 2	1	7	3
Deductible								
Individual	\$100	\$100	\$250	\$500	\$2,000	\$0	\$0	\$0
Family	\$300	\$300	\$750	\$1,500	\$6,000	\$0	\$0	\$0
Coinsurance	90%	90%	80%	80%	80%	100%	100%	100%
OPM	300	300	1000	2000	5250	1500	1500	?
Office Visit	\$10	\$20	\$10	Major Med	Major Med	\$0	\$25	\$10
Prescription Plans	A	B	A	C				W
	Retail \$5 / \$22	Retail \$7 / \$15 / \$30	Retail \$5 / \$12	Retail \$7 / \$25 / \$40	Subject to Major Medical	Retail \$5 / \$5	Retail \$10 / \$30	Retail \$10 / \$20 / \$25
	Mail Order \$10 / \$44	Mail Order \$15 / \$35 / \$70	Mail Order \$10 / \$18	Mail Order \$15 / \$60 / \$80				
Single	\$596	\$588	\$550	\$483	\$386	\$611	\$520	\$757
Two-Party	\$1,022	\$1,007	\$948	\$828	\$657	\$1,048	\$891	\$1,511
Family	\$1,292	\$1,272	\$1,196	\$1,046	\$832	\$1,322	\$1,124	\$2,138
Dental	<b>INCENTIVE, Prosthodontics 70/80/90/100%, \$1500 Annual Maximum, Implant \$1500 Annually</b>							
Single	\$60.43	\$60.43	\$60.43	\$60.43	\$60.43	\$60.43	\$60.43	\$60.43
Two-Party	\$109.38	\$109.38	\$109.38	\$109.38	\$109.38	\$109.38	\$109.38	\$109.38
Family	\$157.25	\$157.25	\$157.25	\$157.25	\$157.25	\$157.25	\$157.25	\$157.25
Vision								
Single	\$8.95	\$8.95	\$8.95	\$8.95	\$8.95	\$8.95	\$8.95	\$8.95
Two-Party	\$16.71	\$16.71	\$16.71	\$16.71	\$16.71	\$16.71	\$16.71	\$16.71
Family	\$24.82	\$24.82	\$24.82	\$24.82	\$24.82	\$24.82	\$24.82	\$24.82
	<b>Total Plan Cost for Medical, Dental Incentive, Vision</b>							
Single	\$665.38	\$657.38	\$619.38	\$552.38	\$455.38	\$680.38	\$589.38	\$826.38
Two-Party	\$1,148.09	\$1,133.09	\$1,074.09	\$954.09	\$783.09	\$1,174.09	\$1,017.09	\$1,637.09
Family	\$1,474.07	\$1,454.07	\$1,378.07	\$1,228.07	\$1,014.07	\$1,504.07	\$1,306.07	\$2,320.07

2009-2010 Defined Contribution	\$1,086.18					Employee Costs with Incentive Dental Plan		
Single	(\$420.80)	(\$428.80)	(\$466.80)	(\$533.80)	(\$630.80)	(\$405.80)	(\$496.80)	(\$259.80)
Two-Party	\$61.91	\$46.91	(\$12.09)	(\$132.09)	(\$303.09)	\$87.91	(\$69.09)	\$550.91
Family	\$387.89	\$367.89	\$291.89	\$141.89	(\$72.11)	\$417.89	\$219.89	\$1,233.89

Dental	<b>NON-INCENTIVE, PPO 70/30, Orthodontics 100% \$4000, Implant \$1500 Annually</b>							
Single	\$37.52	\$37.52	\$37.52	\$37.52	\$37.52	\$37.52	\$37.52	\$37.52
Two-Party	\$73.05	\$73.05	\$73.05	\$73.05	\$73.05	\$73.05	\$73.05	\$73.05
Family	\$130.13	\$130.13	\$130.13	\$130.13	\$130.13	\$130.13	\$130.13	\$130.13
	<b>Total Plan Cost for Medical, Dental Non-Incentive, Vision</b>							
Single	\$642.47	\$634.47	\$596.47	\$529.47	\$432.47	\$657.47	\$566.47	\$803.47
Two-Party	\$1,111.76	\$1,096.76	\$1,037.76	\$917.76	\$746.76	\$1,137.76	\$980.76	\$1,600.76
Family	\$1,446.95	\$1,426.95	\$1,350.95	\$1,200.95	\$986.95	\$1,476.95	\$1,278.95	\$2,292.95

2009-2010 Defined Contribution	\$1,086.18					Employee Costs with Non-Incentive Dental Plan		
Single	(\$443.71)	(\$451.71)	(\$489.71)	(\$556.71)	(\$653.71)	(\$428.71)	(\$519.71)	(\$282.71)
Two-Party	\$25.58	\$10.58	(\$48.42)	(\$168.42)	(\$339.42)	\$51.58	(\$105.42)	\$514.58
Family	\$360.77	\$340.77	\$264.77	\$114.77	(\$99.23)	\$390.77	\$192.77	\$1,206.77