

# 2008 Medical Plan Rates

## Monthly and Per Pay Period

	Monthly, employee only	Per Pay Period	Monthly, employee + 1	Per Pay Period	Monthly, family	Per Pay Period
<b>Choice</b>						
Employee	\$66.30	\$33.15	\$257.54	\$128.77	\$307.54	\$153.77
Employer	\$380.00	\$190.00	\$700.00	\$350.00	\$800.00	\$400.00
<b>Total</b>	<b>\$446.30</b>	<b>\$223.15</b>	<b>\$957.54</b>	<b>\$478.77</b>	<b>\$1,107.54</b>	<b>\$553.77</b>
<b>Gold Traditional</b>						
Employee	\$61.30	\$30.65	\$237.54	\$118.77	\$287.54	\$143.77
Employer	\$380.00	\$190.00	\$700.00	\$350.00	\$800.00	\$400.00
<b>Total</b>	<b>\$441.30</b>	<b>\$220.65</b>	<b>\$937.54</b>	<b>\$468.77</b>	<b>\$1,087.54</b>	<b>\$543.77</b>
<b>Silver Traditional</b>						
Employee	\$33.44	\$16.72	\$142.98	\$71.49	\$192.98	\$96.49
Employer	\$380.00	\$190.00	\$700.00	\$350.00	\$800.00	\$400.00
<b>Total</b>	<b>\$413.44</b>	<b>\$206.72</b>	<b>\$842.98</b>	<b>\$421.49</b>	<b>\$992.98</b>	<b>\$496.49</b>
<b>Consumer</b>						
Employee	\$24.62	\$12.31	\$118.10	\$59.05	\$168.10	\$84.05
Employer	\$380.00	\$190.00	\$700.00	\$350.00	\$800.00	\$400.00
<b>Total</b>	<b>\$404.62</b>	<b>\$202.31</b>	<b>\$818.10</b>	<b>\$409.05</b>	<b>\$968.10</b>	<b>\$484.05</b>

Other coverages	Monthly, single	Per Pay Period	Monthly, family	Per Pay Period
Delta Dental	\$26.84	\$13.42	\$78.28	\$39.14
United Dental	\$9.56	\$4.78	\$35.40	\$17.70
Spectera Vision	\$7.38	\$3.69	\$17.72	\$8.86