

2009 Health Plan Rates

Monthly and Per Pay Period

Choice	Monthly, employee only		Monthly, employee + 1		Monthly, family	
	Per Pay Period	Per Pay Period	Per Pay Period	Per Pay Period	Per Pay Period	Per Pay Period
Choice						
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
Total	\$446.30	\$223.15	\$957.54	\$478.77	\$1,107.54	\$553.77
Gold Traditional						
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
Total	\$441.30	\$220.65	\$937.54	\$468.77	\$1,087.54	\$543.77
Silver Traditional						
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
Total	\$413.44	\$206.72	\$842.98	\$421.49	\$992.98	\$496.49
Consumer						
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
Total	\$404.62	\$202.31	\$818.10	\$409.05	\$968.10	\$484.05

Other coverages	Monthly, single	Per Pay Period	Monthly, family	Per Pay Period
Delta Dental	\$29.26	\$14.63	\$85.31	\$42.66
United Dental	\$9.56	\$4.78	\$35.40	\$17.70
Spectera Vision	\$7.38	\$3.69	\$17.72	\$8.86