

2009/2010 CHOICES

Premium Amounts

Required Elections

| <u>Medical</u> | Employee Only | Employee & Spouse or Adult Dependant | Employee & Children | Employee & Spouse or Adult Dep. & Child(ren) |
|--|---------------|--------------------------------------|---------------------|--|
| <i>Plan A (\$400.00 Deductible Plan)</i> | \$568 | \$673 | \$662 | \$778 |
| <i>Plan B (\$600.00 Deductible Plan)</i> | \$654 | \$775 | \$763 | \$896 |
| Blue Choice Managed Care | \$483 | \$572 | \$563 | \$661 |
| New West Managed Care | \$517 | \$612 | \$603 | \$708 |
| Peak Managed Care | \$523 | \$619 | \$609 | \$715 |
| Allegiance Managed Care | \$500 | \$592 | \$583 | \$684 |

| <u>Dental</u> | Employee Only | Employee & Spouse or Adult Dependant | Employee & Children | Employee & Spouse or Adult Dep. & Child(ren) |
|----------------------|---------------|--------------------------------------|---------------------|--|
| Basic Plan | \$17 | \$32 | \$32 | \$46 |
| Premium Plan | \$43 | \$81 | \$81 | \$115 |

| <u>Basic Life/AD&D</u> | AMOUNT |
|-----------------------------------|--------|
| \$10,000.00 | \$1.55 |
| \$20,000.00 | \$3.10 |

| <u>Long Term Disability</u> | AMOUNT |
|------------------------------------|---------|
| <i>60% of pay/6-month wait</i> | \$6.35 |
| <i>66-2/3% of pay/6-month wait</i> | \$11.75 |
| <i>66-2/3% of pay/4-month wait</i> | \$14.66 |

Optional Elections

| <u>Optional Vision</u> | Employee Only | Employee & Spouse or Adult Dependant | Employee & Children | Employee & Spouse or Adult Dep. & Child(ren) |
|------------------------|---------------|--------------------------------------|---------------------|--|
| Amount | \$7.64 | \$14.42 | \$15.18 | \$22.26 |

| <u>Optional Accidental Death & Dismemberment</u> | Employee Only | Employee & Family |
|--|---------------|-------------------|
| \$25,000 | \$0.63 | \$1.18 |
| \$50,000 | \$1.25 | \$2.35 |
| \$75,000 | \$1.88 | \$3.53 |
| \$100,000 | \$2.50 | \$4.70 |
| \$150,000 | \$3.75 | \$7.05 |
| \$200,000 | \$5.00 | \$9.40 |
| \$250,000 | \$6.25 | \$11.75 |
| \$300,000 | \$7.50 | \$14.10 |

| <u>Optional Supplemental Life Insurance</u> | Employee Only (Amounts found your CHOICES Workbook) |
|---|---|
| \$25,000 | |
| \$50,000 | |
| \$75,000 | |
| \$100,000 | |
| \$150,000 | |
| \$200,000 | |
| \$225,000 | |
| \$250,000 | |
| \$275,000 | |
| \$300,000 | |

| <u>Optional Dependant Life Insurance</u> | AMOUNT |
|--|--------|
| \$2,500 Spouse/\$1,250 Child(ren) | \$0.77 |
| \$5,000 Spouse/\$2,500 Child(ren) | \$1.54 |
| \$10,000 Spouse/\$5,000 Child(ren) | \$3.08 |
| \$25,000 Spouse/\$5,000 Child(ren) | \$7.71 |