

2009

OPTION 1 HMO (IN-NETWORK SERVICES ONLY)

	Employee Monthly Deduction	Benefit	Total Premium
EMPLOYEE ONLY	\$85.33	\$341.34	\$426.67
EMPLOYEE + SPOUSE	\$632.33	\$341.34	\$973.67
EMPLOYEE + CHILD(REN)	\$480.01	\$341.34	\$821.35
EMPLOYEE + FAMILY	\$983.09	\$341.34	\$1,324.43

OPTION 2 POS (INCLUDES COVERAGE FOR OUT-OF-NETWORK SERVICES)

	Employee Monthly Deduction	Benefit	Total Premium
EMPLOYEE ONLY	\$135.23	\$405.70	\$540.93
EMPLOYEE + SPOUSE	\$828.69	\$405.70	\$1,234.39
EMPLOYEE + CHILD(REN)	\$635.58	\$405.70	\$1,041.28
EMPLOYEE + FAMILY	\$1,273.38	\$405.70	\$1,679.07