

Cost of Coverage for 2010

Full-Time Employees

	Your Monthly Deduction	Your Bi-weekly Deduction
<i>\$500 Deductible PPO</i>		
Employee Only	\$184.00	\$84.92
Employee + Spouse	\$405.00	\$186.92
Employee + Child(ren)	\$386.00	\$178.15
Employee + Spouse + Child(ren)	\$589.00	\$271.85
<i>\$1,000 Deductible PPO</i>		
Employee Only	\$133.00	\$61.38
Employee + Spouse	\$293.00	\$135.23
Employee + Child(ren)	\$279.00	\$128.77
Employee + Spouse + Child(ren)	\$426.00	\$196.62
<i>\$2,000 Deductible PPO</i>		
Employee Only	\$42.00	\$19.38
Employee + Spouse	\$92.00	\$42.46
Employee + Child(ren)	\$88.00	\$40.62
Employee + Spouse + Child(ren)	\$134.00	\$61.85
<i>\$2500 Deductible PPO with HSA</i>		
Employee Only	\$20.00	\$9.23
Employee + Spouse	\$40.00	\$18.46
Employee + Child(ren)	\$35.00	\$16.15
Employee + Spouse + Child(ren)	\$58.00	\$26.77
<i>Dental Plan</i>		
Employee Only	\$7.49	\$3.46
Employee Plus One	\$43.89	\$20.26
Family	\$64.62	\$29.82
<i>Vision Plan</i>		
Employee Only	\$5.94	\$2.74
Employee Plus One	\$11.88	\$5.48
Family	\$19.12	\$8.82