

Employee Per Pay Period Contributions

MEDICAL PLANS

Per Pay Period Contributions	Kaiser Permanente HMO	CIGNA HMO	CIGNA OAP/PPO
Employee Only	\$73.68	\$52.47	\$84.44
Employee + Spouse	\$178.86	\$150.79	\$288.14
Employee + Child(ren)	\$162.60	\$136.43	\$254.01
Employee + Family	\$243.89	\$215.41	\$401.08

DENTAL PLANS

Per Pay Period Contributions	CIGNA Dental HMO	CIGNA Dental PPO
Employee Only	\$5.41	\$20.03
Employee + Spouse	\$10.30	\$43.04
Employee + Child(ren)	\$11.38	\$45.60
Employee + Family	\$15.17	\$72.86

VISION PLAN

Per Pay Period Contributions	EyeMed Vision
Employee Only	\$2.31
Employee + Spouse	\$4.38
Employee + Child(ren)	\$4.63
Employee + Family	\$7.26

Voluntary Short Term Disability

Voluntary Short-Term Disability										
Rates- Employee Cost per \$10 of Benefit (Based on 60% of salary to maximum benefit of \$2,307)										
Age	<20-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.163	\$0.163	\$0.163	\$0.163	\$0.163	\$0.163	\$0.181	\$0.211	\$0.232	\$0.232

Long Term Disability –No Cost

Employee Assistance Program – No Cost

Basic Group Life / AD&D – No Cost

Voluntary Optional Life and AD&D Insurance

Rates- Employee Cost Per \$1,000											
Age	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
Rate	\$0.37	\$0.58	\$0.58	\$0.58	\$0.071	\$1.02	\$1.53	\$2.43	\$3.91	\$6.00	\$11.00

Rates- Spouse Cost Per \$1,000											
Age	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
Rate	\$0.37	\$0.58	\$0.58	\$0.58	\$0.071	\$1.02	\$1.53	\$2.43	\$3.91	\$6.00	\$11.00

Coverage ends at age 70

Rates- Child Cost per \$1,000 Does not include AD&D	
Rate	\$0.026