

MEDICAL INSURANCE PREMIUMS

OCTOBER 2009 - SEPTEMBER 2010

ANTHEM - KEYCARE 200 (PPO)

	Total Premium	County Portion	Employee Portion
Employee ONLY	642.33	322.00	320.33
Employee + 1 Child	836.31	322.00	514.31
Employee + Children	885.70	322.00	563.70
Employee + Spouse	1,112.53	322.00	790.53
FAMILY	1,265.30	322.00	943.30

ANTHEM - HEALTHKEEPERS 15 (HMO)

	Total Premium	County Portion	Employee Portion
Employee ONLY	526.72	435.00	91.72
Employee + 1 Child	685.78	435.00	250.78
Employee + Children	726.28	435.00	291.28
Employee + Spouse	912.27	490.00	422.27
FAMILY	1,037.54	490.00	547.54

ANTHEM - HEALTHKEEPERS 20/1000 (HMO)

	Total Premium	County Portion	Employee Portion
Employee ONLY	438.76	435.00	3.76
Employee + 1 Child	571.25	435.00	136.25
Employee + Children	604.99	435.00	169.99
Employee + Spouse	759.92	490.00	269.92
FAMILY	864.27	490.00	374.27

ANTHEM - LUMENOS - HEALTH SAVINGS ACCOUNT (HSA)

	Total Premium	County Portion	Employee Portion
Employee ONLY	455.86	435.00	20.86
Employee + 1 Child	593.53	435.00	158.53
Employee + Children	628.61	435.00	193.61
Employee + Spouse	789.52	490.00	299.52
FAMILY	897.96	490.00	407.96

DENTAL INSURANCE PREMIUMS

OCTOBER 2009 - SEPTEMBER 2010

DELTA DENTAL - LOW OPTION			
	Total Premium	County Portion	Employee Portion
Employee	19.82	14.41	5.41
Employee + 1 Child	30.82	14.41	16.41
Employee + Children	33.00	14.41	18.59
Employee + Spouse	30.82	14.41	16.41
FAMILY	52.98	14.41	38.57

DELTA DENTAL - HIGH OPTION			
	Total Premium	County Portion	Employee Portion
Employee	34.12	14.41	19.71
Employee + 1 Child	55.16	14.41	40.75
Employee + Children	58.32	14.41	43.91
Employee + Spouse	55.16	14.41	40.75
FAMILY	101.66	14.41	87.25