





**2009 ACTIVE FULLTIME EMPLOYEE BENEFIT RATES**

<b><u>ACTIVE EMPLOYEE I.R.S. SECTION 125 CAFETERIA PLAN PARTICIPATION FEES</u></b>	
	<b>MONTHLY RATES</b>
PREMIUM ACCOUNT	.85 (Paid by County)
MEDICAL REIMBURSEMENT ACCOUNT	\$1.75
DEPENDENT DAYCARE REIMBURSEMENT ACCOUNT	\$1.75
ALL THREE (3) ACCOUNTS	\$4.35 (.85 Paid by County)

<b><u>I.R.S. SECTION 457 OPTIONAL DEFERRED COMPENSATION PLAN</u></b> FULLTIME ACTIVE EMPLOYEES
<b>CONTRIBUTIONS ARE PAID 100% BY THE PARTICIPATING EMPLOYEE</b>

<b>EMPLOYEE ASSISTANCE PROGRAM</b> (ACTIVE FULLTIME EMPLOYEES AND RETIREES PARTICIPATING IN MEDICAL PLAN) MONTHLY RATES	
8 Visits per issue	\$ -0-

<b>COBRA MEDICAL COVERAGE</b> MONTHLY RATES		
COVERAGE ELECTION	LOW DEDUCTIBLE	HIGH DEDUCTIBLE
EMPLOYEE ONLY	\$685.00	\$567.00
SPOUSE ONLY	\$833.00	\$648.00
CHILD/CHILDREN ONLY	\$823.00	\$638.00
FAMILY ONLY	\$970.00	\$719.00

**SEE NEXT PAGE FOR RETIREE RATES**



## 2009 RETIREE MEDICAL PLAN RATES

### **RETIREE MEDICAL PLAN RATES WITH 15 YEARS OF CONTINUOUS COVERAGE**

#### MONTHLY RATES

COVERAGE ELECTION	LOW DEDUCTIBLE	HIGH DEDUCTIBLE
EMPLOYEE ONLY	\$ 76.00	\$ -0-
EMPLOYEE & SPOUSE	\$224.00	\$81.00
EMPLOYEE & CHILD/CHILDREN	\$213.00	\$71.00
EMPLOYEE & FAMILY	\$361.00	\$152.00

### **RETIREE MEDICAL PLAN RATES WITHOUT 15 YEARS OF CONTINUOUS COVERAGE**

#### MONTHLY RATES

COVERAGE ELECTION	LOW DEDUCTIBLE	HIGH DEDUCTIBLE
EMPLOYEE ONLY	\$685.00	\$567.00
EMPLOYEE & SPOUSE	\$833.00	\$648.00
EMPLOYEE & CHILD/CHILDREN	\$823.00	\$638.00
EMPLOYEE & FAMILY	\$970.00	\$719.00