



## 2010 ACTIVE FULLTIME EMPLOYEE BENEFIT RATES

<b>ACTIVE FULLTIME EMPLOYEE MEDICAL PLAN(S) RATES</b>		
MONTHLY RATES		
COVERAGE ELECTION	LOW DEDUCTIBLE	HIGH DEDUCTIBLE
EMPLOYEE ONLY	\$75.00	\$-0-
EMPLOYEE & SPOUSE	\$220.00	\$80.00
EMPLOYEE & CHILD/CHILDREN	\$210.00	\$70.00
EMPLOYEE & FAMILY	\$355.00	\$150.00

<b>ACTIVE FULLTIME EMPLOYEE DENTAL PLAN(S) RATES</b>		
MONTHLY RATES		
COVERAGE ELECTION	CHOICE 1 - CS 600 TX	CHOICE 2 -SCHEDULE 75, INDEMNITY PLAN
EMPLOYEE ONLY	\$12.00	\$20.56
EMPLOYEE & 1 DEP	\$21.44	\$40.84
EMPLOYEE & FAMILY	\$29.58	\$60.32

<b>ACTIVE FULLTIME EMPLOYEE VISION PLAN(S) RATES</b>		
MONTHLY RATES		
COVERAGE ELECTION	PLAN 1 (12/12/24)	PLAN 2 (12/12/12)
EMPLOYEE ONLY	\$ 8.75	\$11.45
EMPLOYEE + FAMILY	\$21.75	\$25.80

<b>ACTIVE FULLTIME EMPLOYEE LIFE INSURANCE RATES</b>	
MONTHLY RATE	
<b>BASIC GROUP TERM LIFE &amp; Accidental Death &amp; Dismemberment</b> (Employer paid) <b>\$20,000. - To age 70</b> <b>\$13,000. - 35% coverage reduction @ age 70 thru 74</b> <b>\$10,000. - 50% coverage reduction @ age 75 &amp; older</b> **For eligible fulltime employees only**	\$ -0-
<b>DEPENDENT TERM LIFE / Life Coverage only, no AD&amp;D</b> Spouse-\$2,000    Child- \$1,000 (Must have dependents covered under the medical plan to be eligible)	\$ .62
<b>OPTIONAL EMPLOYEE TERM GROUP LIFE / Life coverage only, no AD&amp;D</b> <u>Based on age &amp; one (1) or two (2) times annual salary to a \$200,000 Maximum</u> age 30 and under    \$ .09    Rate X \$1,000 of Salary 31-39                    \$ .14    Rate X \$1,000 of Salary 40-45                    \$ .23    Rate X \$1,000 of Salary 46-50                    \$ .38    Rate X \$1,000 of Salary 51-55                    \$ .61    Rate X \$1,000 of Salary 56-60                    \$ .97    Rate X \$1,000 of Salary 61-65                    \$1.39    Rate X \$1,000 of Salary 66-69                    \$2.29    Rate X \$1,000 of Salary *70 +                    \$3.63    Rate X \$1,000 of Salary *35% coverage reduction @ age 70 thru 74 and 50% coverage reduction @ age 75 & older	<b>Example:</b>  An employee who is 25 years old who earns \$31,512.00 per year, rounded up to the next \$1,000.00.  One times= \$32,000.00 ÷ \$1,000.00 = 32 32 x \$.09 = \$2.88 per month.  Two times = \$64,000.00 ÷ \$1,000.00 = 64 64 x \$.09 = \$5.76 per month.



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<b><u>ACTIVE EMPLOYEE I.R.S. SECTION 125 CAFETERIA PLAN</u></b> <b><u>PARTICIPATION FEES</u></b>	
	MONTHLY RATES
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> <b><u>FULLTIME ACTIVE EMPLOYEES</u></b>
CONTRIBUTIONS ARE PAID 100% BY THE PARTICIPATING EMPLOYEE

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

<b><u>COBRA MEDICAL COVERAGE</u></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**



## 2010 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