

Reference • 2008 Monthly Price Sheets - Part Time (20-31 hours/week)

Medical Plan	Employee	Employer	Total
Premium Medical			
– Employee only	\$207.50	\$159.50	\$367.00
– Employee + spouse	\$446.50	\$288.50	\$735.00
– Employee + child(ren)	\$387.00	\$256.00	\$643.00
– Employee + family	\$685.50	\$416.50	\$1,102.00
Standard Medical			
– Employee only	\$162.50	\$159.50	\$322.00
– Employee + spouse	\$355.50	\$288.50	\$644.00
– Employee + child(ren)	\$308.00	\$256.00	\$564.00
– Employee + family	\$549.50	\$416.50	\$966.00
Consumer Choice Medical / HSA			
– Employee only	\$103.50	\$159.50	\$263.00
– Employee + spouse	\$237.50	\$288.50	\$526.00
– Employee + child(ren)	\$204.00	\$256.00	\$460.00
– Employee + family	\$372.50	\$416.50	\$789.00
HMO	Employee	Employer	Total
Blue Cross CaliforniaCare - HMO (California)			
– Employee only	\$350.00	\$254.00	\$604.00
– Employee + spouse	\$742.00	\$465.00	\$1,207.00
– Employee + child(ren)	\$644.50	\$412.50	\$1,057.00
– Employee + family	\$1,135.00	\$677.00	\$1,812.00
HMSA – HMO (Hawaii)			
– Employee only	\$152.88	\$112.88	\$275.76
– Employee + one	\$332.26	\$219.26	\$551.52
– Employee + family	\$511.14	\$316.14	\$827.28
HMSA – PPO (Hawaii)			
– Employee only	\$167.36	\$132.36	\$299.72
– Employee + one	\$362.22	\$237.22	\$599.44
– Employee + family	\$557.08	\$342.08	\$899.16
SelectHealth – HMO (Utah)			
– Employee only	\$221.00	\$168.00	\$389.00
– Employee + spouse	\$474.00	\$304.00	\$778.00
– Employee + child(ren)	\$410.00	\$270.00	\$680.00
– Employee + family	\$726.50	\$440.50	\$1,167.00
SelectHealth – \$1,000 Deductible HMO (Utah)			
– Employee only	\$115.00	\$115.00	\$230.00
– Employee + spouse	\$230.50	\$230.50	\$461.00
– Employee + child(ren)	\$202.00	\$202.00	\$404.00
– Employee + family	\$344.50	\$344.50	\$689.00
Dental Plan	Employee	Employer	Total
Basic Plan			
– Employee only	\$15.00	\$10.00	\$25.00
– Employee + spouse	\$32.00	\$17.00	\$49.00
– Employee + child(ren)	\$27.50	\$15.50	\$43.00
– Employee + family	\$49.50	\$24.50	\$74.00
Comprehensive Plan			
– Employee only	\$28.00	\$10.00	\$38.00
– Employee + spouse	\$59.00	\$17.00	\$76.00
– Employee + child(ren)	\$50.50	\$15.50	\$66.00
– Employee + family	\$89.50	\$24.50	\$114.00
Vision Plan	Employee	Employer	Total
VSP			
– Employee only	\$10.76	\$0.00	\$10.76
– Employee + spouse	\$16.90	\$0.00	\$16.90
– Employee + child(ren)	\$17.22	\$0.00	\$17.22
– Employee + family	\$27.78	\$0.00	\$27.78
Flexible Spending Accounts	Employee	Employer	Total
Health Care Contributions (\$5,000 maximum)	A minimum of \$5.00 per pay period and maximum of \$208.00 per pay period (Health Care and Dependent Care)	\$0.00	Up to the annual maximum of \$5,000 per FSA plan for Health Care and Dependent Care. Note: If you elect the Consumer Choice plan, you can only contribute to

Dependent Day Care Contributions (\$5,000 maximum)			the dependent care account
Limited Purpose Contributions		\$0.00	Up to the annual maximum of \$2,500 for Limited Purpose
Basic Employee Term Life and AD&D Insurance	Employee	Employer	Total
Employer-provided Coverage – 1 x Total Compensation	\$0.00	Life Insurance – \$0.12 per \$1,000 AD&D Insurance – \$0.015 per \$1,000	\$0.135 per \$1,000 (\$0.12 per \$1,000 Life + \$0.015 per \$1,000 AD&D)
Optional Basic Employee Term Life and AD&D Insurance	Employee	Employer	Total
1 x Total Compensation	\$0.145 / \$1,000	\$0.00	\$0.145 / \$1,000 (\$0.13 per \$1,000 Life + \$0.015 per \$1,000 AD&D)
Voluntary AD&D Insurance	Employee	Employer	Total
Minimum \$25,000 up to 10 x base salary for maximum of \$750,000	Employee Only – \$0.021 / \$1,000 Employee + Family – \$0.032 / \$1,000	\$0.00 \$0.00	Employee Only – \$0.021 / \$1,000 Employee + Family – \$0.032 / \$1,000
Group Universal Life	Employee	Employer	Total
	Age Rate per \$1,000		Age Rate per \$1,000
- Employee	Employee & Spouse:	\$0.00	Employee & Spouse:
- Spouse	<30 \$0.038		30 \$0.038
	30-34 \$0.045		30-34 \$0.045
	35-39 \$0.050		35-39 \$0.050
	40-44 \$0.075		40-44 \$0.075
	45-49 \$0.105		45-49 \$0.105
	50-54 \$0.165		50-54 \$0.165
	55-59 \$0.270		55-59 \$0.270
	60-64 \$0.420		60-64 \$0.420
	65-69 \$0.683		65-69 \$0.683
	70-74 \$1.665		70-74 \$1.665
- Child(ren) (\$0.12 per \$1,000)	75 + \$2.530		75 + \$2.530
	Child(ren):		Child(ren) –
	\$5,000 \$0.60		\$5,000 \$0.60
	\$10,000 \$1.20	\$10,000 \$1.20	
	\$15,000 \$1.80	\$15,000 \$1.80	
	\$20,000 \$2.40	\$20,000 \$2.40	
	\$25,000 \$3.00	\$25,000 \$3.00	
Business Travel Accident Insurance	Employee	Employer	Total
Employer-provided Coverage - 3x Total Compensation	\$ 0.00	Premium determined by number of employees	Employer-specific
Long-term Disability- Class 1 (For employees participating in a defined benefit pension plan)	Employee	Employer	Total
Employer-provided Coverage (66-2/3%) up to \$20,000 monthly maximum	\$ 0.00	\$ 0.26 per \$100	\$ 0.26 per \$100
Long-term Disability- Class 2 (For employees not participating in a defined benefit pension plan)	Employee	Employer	Total
Employer-provided Coverage (66-2/3%) up to \$20,000 monthly maximum	\$ 0.00	\$ 0.31 per \$100	\$ 0.31 per \$100
Cancer and Dread Disease (AFLAC)	Employee	Employer	Total
– Single	\$ 21.50*	\$ 0.00	\$ 21.50*
– 1 Parent + child(ren)	\$ 25.90*	\$ 0.00	\$ 25.90*
– Family	\$ 36.40*	\$ 0.00	\$ 36.40*

* Premium rates may vary in some states			
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[This information is deemed to be accurate. In the event that this information is in conflict with the vendor contract or the policy, the contract or policy language will prevail. The employers intend to provide these programs on an ongoing basis; however, they reserve the right to amend or terminate any program at any time.]