



Contribution Schedule for Medical Benefits

Costs displayed as Weekly

07/01/08 - 06/30/09

Cigna Healthcare EPO	Annual Pay Range and Weekly Contribution Rate			
	<\$25,000	\$25,000 - \$44,999	\$45,000 - \$54,999	\$55,000 & Above
Employee Only	\$32.27	\$38.50	\$42.15	\$44.62
Employee & Child(ren)	\$51.31	\$61.21	\$67.02	\$70.94
Employee & Spouse	\$63.91	\$76.23	\$83.48	\$88.37
Employee & Family	\$82.94	\$98.95	\$108.35	\$114.70

Healthcare Essentials PPO BCBS	Annual Pay Range and Weekly Contribution Rate			
	<\$25,000	\$25,000 - \$44,999	\$45,000 - \$54,999	\$55,000 & Above
Employee Only	\$11.78	\$17.71	\$21.20	\$23.55
Employee & Children	\$18.73	\$28.16	\$33.71	\$37.45
Employee & Spouse	\$23.32	\$35.08	\$41.98	\$46.65
Employee & Family	\$30.27	\$45.43	\$54.49	\$60.54

Premium PPO BCBS	Annual Pay Range and Weekly Contribution Rate			
	<\$25,000	\$25,000 - \$44,999	\$45,000 - \$54,999	\$55,000 & Above
Employee Only	\$30.76	\$36.70	\$40.18	\$42.54
Employee & Children	\$48.91	\$58.35	\$63.89	\$67.63
Employee & Spouse	\$60.92	\$72.67	\$79.58	\$84.24
Employee & Family	\$79.07	\$94.33	\$103.29	\$109.34

Blue Edge PPO BCBS	Annual Pay Range and Weekly Contribution Rate			
	<\$25,000	\$25,000 - \$44,999	\$45,000 - \$54,999	\$55,000 & Above
Employee Only	\$8.31	\$12.50	\$14.96	\$16.63
Employee & Children	\$13.22	\$19.88	\$23.79	\$26.44
Employee & Spouse	\$16.46	\$24.76	\$29.64	\$32.93
Employee & Family	\$21.37	\$32.14	\$38.47	\$42.74

Blue Solutions BCBS PPO (Texas Only)	Annual Pay Range and Weekly Contribution Rate			
	<\$25,000	\$25,000 - \$44,999	\$45,000 - \$54,999	\$55,000 & Above
Employee Only	\$10.14	\$15.25	\$18.26	\$20.28
Employee & Children	\$16.13	\$24.25	\$29.03	\$32.25
Employee & Spouse	\$20.09	\$30.21	\$36.15	\$40.17
Employee & Family	\$26.07	\$39.21	\$46.93	\$52.14

Kaiser HMO - California	Annual Pay Range and Weekly Contribution Rate			
	<\$25,000	\$25,000 - \$44,999	\$45,000 - \$54,999	\$55,000 & Above
Employee Only	\$9.69	\$14.52	\$17.42	\$19.36
Employee & Children	\$15.29	\$22.94	\$27.53	\$30.60
Employee & Spouse	\$19.07	\$28.60	\$34.33	\$38.15
Employee & Family	\$24.79	\$37.18	\$44.61	\$49.57

Pacificare HMO - California	Annual Pay Range and Weekly Contribution Rate			
	<\$25,000	\$25,000 - \$44,999	\$45,000 - \$54,999	\$55,000 & Above
Employee Only	\$10.22	\$15.33	\$18.40	\$20.45
Employee & Children	\$16.15	\$24.23	\$29.06	\$32.30
Employee & Spouse	\$20.13	\$30.21	\$36.24	\$40.27
Employee & Family	\$26.16	\$39.25	\$50.54	\$52.34