

Hourly Employee Contribution for Health Insurance

FULL TIME RATES (per pay)

Product Type Product ID	HMO C4F5	DPOS C3F4O2	PPO C3F4O2
Single	\$ 38.69	\$ 59.61	\$ 146.76
Adult / Child(ren)	\$ 110.37	\$ 147.67	\$ 296.04
Two Adults	\$ 142.43	\$ 190.57	\$ 391.48
Family	\$ 181.61	\$ 242.99	\$ 507.95

PART TIME RATES (per pay)

	HMO C4F5	DPOS C3F4O2	PPO C3F4O2
Single	\$ 38.69	\$ 59.61	\$ 146.76
Adult / Child(ren)	\$ 190.15	\$ 227.45	\$ 375.82
Two Adults	\$ 290.35	\$ 338.48	\$ 539.40
Family	\$ 412.79	\$ 474.17	\$ 739.13

Effective date - March 1, 2010

Please note that the selection of dental insurance will add the following:

Single (per pay)	\$ 2.55
All other coverage options (per pay)	\$ 26.71