



EMPLOYEE COST SHARING

January 1, 2008 through December 31, 2008



2008 BENEFIT RATES						
Type of Benefit	Single		2-Person		Family	
	Monthly	Semi	Monthly	Semi	Monthly	Semi
HMO Medical	98.80	49.40	197.57	98.79	266.88	133.44
PPO Medical	129.30	64.65	258.60	129.30	349.12	174.56



Type of Benefit	Single		2-Person		Family	
Dental insurance	6.32	3.16	11.60	5.80	20.48	10.24



Type of Benefit	Single		2-Person		Employee + Children		Family	
	Monthly	Semi	Monthly	Semi	Monthly	Semi	Monthly	Semi
Vision Plan	7.62	3.81	12.18	6.09	12.44	6.22	20.04	10.02