

**HOURLY MEDICAL AND DENTAL MONTHLY CONTRIBUTIONS  
JANUARY 2010 - DECEMBER 2010**

LEVEL OF COVERAGE	MEDICAL					DENTAL	VISION
	CHOICE EPO	CHOICE PLUS	NON-NETWORK	HDHP	AETNA HMO (Lemont & Cicero)		
<b>EMPLOYEE</b>							
Employee Only	89.00	122.00	91.00	13.00	303.00	6.00	6.08
Employee and Spouse	180.00	250.00	188.00	24.00	608.00	10.00	11.66
Employee and Child(ren)	175.00	236.00	181.00	23.00	581.00	10.00	12.18
Employee and Family	238.00	322.00	246.00	34.00	803.00	15.00	18.78
<b>RETIREE/SURVIVING SPOUSE NOT ELIGIBLE FOR MEDICARE</b>							
Retiree Only <b>or</b> Surviving Spouse Only <b>or</b> Surviving Child Only	138.00	176.00	142.00	19.00	NA	30.00	6.82
Retiree and Spouse	274.00	335.00	279.00	36.00	NA	49.00	12.96
Retiree and Child(ren) <b>or</b> Surviving Spouse and Child(ren) <b>or</b> Surviving Children Only	253.00	322.00	259.00	33.00	NA	50.00	13.58
Retiree and Family	367.00	454.00	376.00	48.00	NA	73.00	18.94
<b>RETIREE/SURVIVING SPOUSE ELIGIBLE FOR MEDICARE</b>							
Retiree on Medicare Only <b>or</b> Surviving Spouse on Medicare Only	NA	NA	71.00	NA	NA	30.00	6.82
Retiree on Medicare and Spouse	NA	NA	130.00	NA	NA	49.00	12.96
Retiree on Medicare and Child(ren) <b>or</b> Surviving Spouse on Medicare and Child(ren)	NA	NA	121.00	NA	NA	50.00	13.58
Retiree on Medicare and Family	NA	NA	172.00	NA	NA	73.00	18.94