

**HOURLY MEDICAL AND DENTAL MONTHLY CONTRIBUTIONS
JANUARY 2009 - DECEMBER 2009**

LEVEL OF COVERAGE	MEDICAL				DENTAL	VISION
	CHOICE EPO	CHOICE PLUS	NON-NETWORK	HDHP		
EMPLOYEE						
Employee Only	85.00	117.00	87.00	12.00	6.00	6.08
Employee and Spouse	173.00	241.00	181.00	23.00	10.00	11.66
Employee and Child(ren)	168.00	227.00	174.00	22.00	10.00	12.18
Employee and Family	229.00	310.00	237.00	33.00	15.00	18.78
RETIREE/SURVIVING SPOUSE NOT ELIGIBLE FOR MEDICARE						
Retiree Only or Surviving Spouse Only or Surviving Child Only	132.00	169.00	136.00	18.00	30.00	6.82
Retiree and Spouse	264.00	323.00	269.00	35.00	49.00	12.96
Retiree and Child(ren) or Surviving Spouse and Child(ren) or Surviving Children Only	243.00	310.00	249.00	32.00	50.00	13.58
Retiree and Family	353.00	437.00	362.00	47.00	73.00	18.94
RETIREE/SURVIVING SPOUSE ELIGIBLE FOR MEDICARE						
Retiree on Medicare Only or Surviving Spouse on Medicare Only	NA	NA	71.00	NA	30.00	6.82
Retiree on Medicare and Spouse	NA	NA	130.00	NA	49.00	12.96
Retiree on Medicare and Child(ren) or Surviving Spouse on Medicare and Child(ren)	NA	NA	121.00	NA	50.00	13.58
Retiree on Medicare and Family	NA	NA	172.00	NA	73.00	18.94