

**SALARIED 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 Only)		
EMPLOYEE							
Employee Only	81.00	114.00	83.00	11.00	333.00	8.00	6.08
Employee and Spouse	159.00	216.00	163.00	21.00	692.00	13.00	11.66
Employee and Child(ren)	124.00	161.00	126.00	16.00	787.00	14.00	12.18
Employee and Family	215.00	303.00	225.00	30.00	897.00	20.00	18.78
RETIREE/SURVIVING SPOUSE NOT ELIGIBLE FOR MEDICARE							
Retiree Only or Surviving Spouse Only or Surviving Child Only	126.00	165.00	131.00	18.00	NA	40.00	6.82
Retiree and Spouse	253.00	326.00	259.00	33.00	NA	67.00	12.96
Retiree and Child(ren) or Surviving Spouse and Child(ren) or Surviving Children Only	215.00	277.00	222.00	29.00	NA	68.00	13.58
Retiree and Family	305.00	382.00	305.00	42.00	NA	99.00	18.94
RETIREE/SURVIVING SPOUSE ELIGIBLE FOR MEDICARE							
Retiree on Medicare Only or Surviving Spouse on Medicare Only	NA	NA	55.00	NA	NA	40.00	6.82
Retiree on Medicare and Spouse	NA	NA	111.00	NA	NA	67.00	12.96
Retiree on Medicare and Child(ren) or Surviving Spouse on Medicare and Child(ren)	NA	NA	93.00	NA	NA	68.00	13.58
Retiree on Medicare and Family	NA	NA	133.00	NA	NA	99.00	18.94