

**SALARIED 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	78.00	110.00	80.00	11.00	8.00	6.08
Employee and Spouse	154.00	209.00	158.00	21.00	13.00	11.66
Employee and Child(ren)	119.00	155.00	121.00	15.00	14.00	12.18
Employee and Family	207.00	291.00	216.00	29.00	20.00	18.78
RETIREE/SURVIVING SPOUSE NOT ELIGIBLE FOR MEDICARE						
Retiree Only or Surviving Spouse Only or Surviving Child Only	121.00	158.00	126.00	17.00	40.00	6.82
Retiree and Spouse	243.00	314.00	249.00	32.00	67.00	12.96
Retiree and Child(ren) or Surviving Spouse and Child(ren) or Surviving Children Only	207.00	266.00	213.00	28.00	68.00	13.58
Retiree and Family	294.00	368.00	294.00	41.00	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	40.00	6.82
Retiree on Medicare and Spouse	NA	NA	111.00	NA	67.00	12.96
Retiree on Medicare and Child(ren) or Surviving Spouse on Medicare and Child(ren)	NA	NA	93.00	NA	68.00	13.58
Retiree on Medicare and Family	NA	NA	133.00	NA	99.00	18.94