



BENEFIT COST SUMMARY - October 1, 2011 - September 30, 2012

As a full-time (30 hours/week or more), regular employee working in California you are eligible for the benefit plans on this summary cost sheet. Other plans are available for those living outside of California.

- ◆ If you elect to enroll in a medical plan, you are required to select a dental and vision plan.
- ◆ Your contribution towards your benefit coverage, if any, will be deducted from your pay check each pay period.
- ◆ For detailed information on benefit coverage/eligibility log in to www.hrpassport.com and review the benefit information.
- ◆ If you waive medical coverage, you will receive a no-coverage allowance in the taxable amount of \$37.50/per pay period.
- ◆ If you waive medical coverage, you may elect optional dental and vision coverage.

	Total Cost Per Month	Institutional Cost/Allowance Per Month	Your Cost Per Month	Your Cost Per Pay Period
Medical				
Blue Shield CA HDHP 2500 CA North				
Employee Only	\$401.00	\$401.00	\$0.00	\$0.00
Employee + Spouse	\$883.00	\$420.00	\$463.00	\$231.50
Employee + Child(ren)	\$803.00	\$420.00	\$383.00	\$191.50
Employee + Family	\$1,205.00	\$420.00	\$785.00	\$392.50
Blue Shield CA HMO 20 CA North				
Employee Only	\$525.00	\$420.00	\$105.00	\$52.50
Employee + Spouse	\$1,153.00	\$420.00	\$733.00	\$366.50
Employee + Child(ren)	\$1,049.00	\$420.00	\$629.00	\$314.50
Employee + Family	\$1,573.00	\$420.00	\$1,153.00	\$576.50
Blue Shield CA HMO 30 CA North				
Employee Only	\$477.00	\$420.00	\$57.00	\$28.50
Employee + Spouse	\$1,050.00	\$420.00	\$630.00	\$315.00
Employee + Child(ren)	\$954.00	\$420.00	\$534.00	\$267.50
Employee + Family	\$1,432.00	\$420.00	\$1,012.00	\$506.00
Blue Shield CA PPO 1500 CA North				
Employee Only	\$414.00	\$414.00	\$0.00	\$0.00
Employee + Spouse	\$910.00	\$420.00	\$490.00	\$245.00
Employee + Child(ren)	\$827.00	\$420.00	\$407.00	\$203.50
Employee + Family	\$1,241.00	\$420.00	\$821.00	\$410.50
Blue Shield CA PPO 250 CA North				
Employee Only	\$782.00	\$420.00	\$362.00	\$181.00
Employee + Spouse	\$1,720.00	\$420.00	\$1,300.00	\$650.00
Employee + Child(ren)	\$1,564.00	\$420.00	\$1,144.00	\$572.00
Employee + Family	\$2,347.00	\$420.00	\$1,927.00	\$963.50
Blue Shield CA PPO 500 CA North				
Employee Only	\$554.00	\$420.00	\$134.00	\$67.00
Employee + Spouse	\$1,217.00	\$420.00	\$797.00	\$398.50
Employee + Child(ren)	\$1,106.00	\$420.00	\$686.00	\$343.00
Employee + Family	\$1,661.00	\$420.00	\$1,241.00	\$620.50
Blue Shield CA PPO 700 CA North				
Employee Only	\$481.00	\$420.00	\$61.00	\$30.50
Employee + Spouse	\$1,058.00	\$420.00	\$638.00	\$319.00
Employee + Child(ren)	\$961.00	\$420.00	\$541.00	\$270.50
Employee + Family	\$1,442.00	\$420.00	\$1,022.00	\$511.00
Kaiser HMO 20 CA North				
Employee Only	\$420.00	\$420.00	\$0.00	\$0.00
Employee + Spouse	\$924.00	\$420.00	\$504.00	\$252.00
Employee + Child(ren)	\$841.00	\$420.00	\$421.00	\$210.50
Employee + Family	\$1,261.00	\$420.00	\$841.00	\$420.50
Kaiser HMO 30 CA North				
Employee Only	\$302.00	\$302.00	\$0.00	\$0.00
Employee + Spouse	\$665.00	\$420.00	\$245.00	\$122.50
Employee + Child(ren)	\$605.00	\$420.00	\$185.00	\$92.50
Employee + Family	\$907.00	\$420.00	\$487.00	\$243.50

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Dental				
Aetna Dental 100 Group				
Employee Only	\$26.98	\$26.98	\$0.00	\$0.00
Employee + Spouse	\$56.65	\$26.98	\$29.67	\$14.84
Employee + Child(ren)	\$45.86	\$26.98	\$18.88	\$9.44
Employee + Family	\$80.94	\$26.98	\$53.96	\$26.98
Aetna Dental 50 Group				
Employee Only	\$47.31	\$26.98	\$20.33	\$10.17
Employee + Spouse	\$99.34	\$26.98	\$72.36	\$36.18
Employee + Child(ren)	\$104.07	\$26.98	\$77.09	\$38.55
Employee + Family	\$151.38	\$26.98	\$124.40	\$62.20
Aetna Dental DMO Group				
Employee Only	\$19.14	\$19.14	\$0.00	\$0.00
Employee + Spouse	\$40.19	\$26.98	\$13.21	\$6.61
Employee + Child(ren)	\$42.11	\$26.98	\$15.13	\$7.57
Employee + Family	\$61.25	\$26.98	\$34.27	\$17.14
Delta Dental 100 Group				
Employee Only	\$37.20	\$26.98	\$10.22	\$5.11
Employee + Spouse	\$99.63	\$26.98	\$72.65	\$36.33
Employee + Child(ren)	\$80.68	\$26.98	\$53.70	\$26.85
Employee + Family	\$134.38	\$26.98	\$107.40	\$53.70
Delta Dental 50 Group				
Employee Only	\$53.48	\$26.98	\$26.50	\$13.25
Employee + Spouse	\$120.20	\$26.98	\$93.22	\$46.61
Employee + Child(ren)	\$91.40	\$26.98	\$64.42	\$32.21
Employee + Family	\$167.11	\$26.98	\$140.13	\$70.07
Delta Dental DMO Group				
Employee Only	\$19.61	\$19.61	\$0.00	\$0.00
Employee + Spouse	\$41.18	\$26.98	\$14.20	\$7.10
Employee + Child(ren)	\$43.15	\$26.98	\$16.17	\$8.09
Employee + Family	\$62.76	\$26.98	\$35.78	\$17.89
MetLife Dental 100 Group				
Employee Only	\$31.64	\$26.98	\$4.66	\$2.33
Employee + Spouse	\$71.31	\$26.98	\$44.33	\$22.17
Employee + Child(ren)	\$54.54	\$26.98	\$27.56	\$13.78
Employee + Family	\$95.38	\$26.98	\$68.40	\$34.20
MetLife Dental 50 Group				
Employee Only	\$55.15	\$26.98	\$28.17	\$14.09
Employee + Spouse	\$124.24	\$26.98	\$97.26	\$48.63
Employee + Child(ren)	\$95.02	\$26.98	\$68.04	\$34.02
Employee + Family	\$166.19	\$26.98	\$139.21	\$69.61

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	Total Cost Per Month	Institutional Cost/Allowance Per Month	Your Cost Per Month	Your Cost Per Pay Period
Vision				
Aetna Vision Plan Group				
Employee Only	\$4.18	\$4.18	\$0.00	\$0.00
Employee + Spouse	\$7.94	\$4.18	\$3.76	\$1.88
Employee + Child(ren)	\$8.35	\$4.18	\$4.17	\$2.09
Employee + Family	\$12.28	\$4.18	\$8.10	\$4.05
Aetna Vision Plus Plan Group				
Employee Only	\$10.20	\$4.18	\$6.02	\$3.01
Employee + Spouse	\$19.38	\$4.18	\$15.20	\$7.60
Employee + Child(ren)	\$20.41	\$4.18	\$16.23	\$8.12
Employee + Family	\$29.99	\$4.18	\$25.81	\$12.91
VSP Vision Plan Group				
Employee Only	\$5.26	\$4.18	\$1.08	\$0.54
Employee + Spouse	\$10.51	\$4.18	\$6.33	\$3.17
Employee + Child(ren)	\$11.24	\$4.18	\$7.06	\$3.53
Employee + Family	\$18.01	\$4.18	\$13.83	\$6.92
VSP Vision Plus Plan Group				
Employee Only	\$8.12	4.18	\$3.94	\$1.97
Employee + Spouse	\$16.27	\$4.18	\$12.09	\$6.05
Employee + Child(ren)	\$17.40	\$4.18	\$13.22	\$6.61
Employee + Family	\$27.80	\$4.18	\$23.62	\$11.81

Life Insurance	
Group Term Life - \$20,000 (includes AD&D)	Employer Paid

Logon to www.hrpassport.com for details on:

Optional Long Term Disability - cost is based on salary

Optional Group & Term Life & Optional Accident Insurance - available in increments of \$20,000 subject to plan maximums

Optional Group Life & Term Life Insurance for your family is also available

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Optional Dental				
Aetna Dental 100 Group				
Employee Only	\$29.67	\$26.98	\$2.69	\$1.35
Employee + Spouse	\$62.32	\$26.98	\$35.34	\$17.67
Employee + Child(ren)	\$50.45	\$26.98	\$23.47	\$11.74
Employee + Family	\$89.02	\$26.98	\$62.04	\$31.02
Aetna Dental 50 Group				
Employee Only	\$52.04	\$26.98	\$25.06	\$12.53
Employee + Spouse	\$109.28	\$26.98	\$82.30	\$41.15
Employee + Child(ren)	\$114.48	\$26.98	\$87.50	\$43.75
Employee + Family	\$166.52	\$26.98	\$139.54	\$69.77
Aetna Dental DMO Group				
Employee Only	\$21.43	\$21.43	\$0.00	\$0.00
Employee + Spouse	\$45.00	\$26.98	\$18.02	\$9.01
Employee + Child(ren)	\$47.15	\$26.98	\$20.17	\$10.09
Employee + Family	\$68.58	\$26.98	\$41.60	\$20.80
Delta Dental 100 Group				
Employee Only	\$37.20	\$26.98	\$10.22	\$5.11
Employee + Spouse	\$99.63	\$26.98	\$72.65	\$36.33
Employee + Child(ren)	\$80.68	\$26.98	\$53.70	\$26.85
Employee + Family	\$134.38	\$26.98	\$107.40	\$53.70
Delta Dental 50 Group				
Employee Only	\$53.48	\$26.98	\$26.50	\$13.25
Employee + Spouse	\$120.20	\$26.98	\$93.22	\$46.61
Employee + Child(ren)	\$91.40	\$26.98	\$64.42	\$32.21
Employee + Family	\$167.11	\$26.98	\$140.13	\$70.07
Delta Dental DMO Group				
Employee Only	\$19.61	\$19.61	\$0.00	\$0.00
Employee + Spouse	\$41.18	\$26.98	\$14.20	\$7.10
Employee + Child(ren)	\$43.15	\$26.98	\$16.17	\$8.09
Employee + Family	\$62.76	\$26.98	\$35.78	\$17.89
MetLife Dental 100 Group				
Employee Only	\$31.64	\$26.98	\$4.66	\$2.33
Employee + Spouse	\$71.31	\$26.98	\$44.33	\$22.17
Employee + Child(ren)	\$54.54	\$26.98	\$27.56	\$13.78
Employee + Family	\$95.38	\$26.98	\$68.40	\$34.20
MetLife Dental 50 Group				
Employee Only	\$55.15	\$26.98	\$28.17	\$14.09
Employee + Spouse	\$124.24	\$26.98	\$97.26	\$48.63
Employee + Child(ren)	\$95.02	\$26.98	\$68.04	\$34.02
Employee + Family	\$166.19	\$26.98	\$137.21	\$69.61

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	Total Cost Per Month	Institutional Cost/Allowance Per Month	Your Cost Per Month	Your Cost Per Pay Period
Optional Vision				
Aetna Vision Plan Group				
Employee Only	\$5.19	\$4.18	\$1.01	\$0.51
Employee + Spouse	\$9.86	\$4.18	\$5.68	\$2.84
Employee + Child(ren)	\$10.40	\$4.18	\$6.22	\$3.11
Employee + Family	\$15.27	\$4.18	\$11.09	\$5.55
Aetna Vision Plus Plan Group				
Employee Only	\$12.58	\$4.18	\$8.40	\$4.20
Employee + Spouse	\$23.98	\$4.18	\$19.80	\$9.90
Employee + Child(ren)	\$25.13	\$4.18	\$20.95	\$10.48
Employee + Family	\$36.94	\$4.18	\$32.76	\$16.38
VSP Vision Plan Group				
Employee Only	\$5.86	\$4.18	\$1.68	\$0.84
Employee + Spouse	\$11.70	\$4.18	\$7.52	\$3.76
Employee + Child(ren)	\$12.53	\$4.18	\$8.35	\$4.18
Employee + Family	\$20.02	\$4.18	\$15.84	\$7.92
VSP Vision Plus Plan Group				
Employee Only	\$9.03	\$4.18	\$4.85	\$2.43
Employee + Spouse	\$18.06	\$4.18	\$13.88	\$6.94
Employee + Child(ren)	\$19.32	\$4.18	\$15.14	\$7.57
Employee + Family	\$30.89	\$4.18	\$26.71	\$13.36