BENEFIT COST SUMMARY – (BENEFIT YEAR 7/1/2009 through 9/30/2010)

As a full-time, regular employee (30 hrs/week or more) you are eligible for the benefit plans on this summary cost sheet.

- If you elect to enroll in a medical plan, you are required to select a dental and vision plan
- Our monthly benefit allowance of $386 ($193/Per Pay period) is designed to cover 100% of the premium for Self only (i.e., employee) in several plans as listed below, & includes Aetna DMO group dental plan & Vision Service Plan at no cost to employee.
- 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/pay period
- If you waive medical coverage, you may elect optional dental and vision coverage

Benefit Plans Benefit Plan Year 7/1/09-6/30/2010	Employee Only $	Employee + Spouse $	Employee + Child(ren)[1] $	Employee + Family [2]$
MEDICAL PLANS	Pay Period Deductions, if applicable			
Aetna HDHP/HSA 2300 N CA	$ -	$ 212.99	$ 177.31	$ 355.67
Aetna HDHP/HSA 3000 N CA	$ -	$ 141.24	$ 112.10	$ 257.83
Aetna Indemnity	$ 175.03	$ 600.34	$ 529.45	$ 883.87
Aetna PPO 1000 N CA	$ 29.93	$ 281.10	$ 239.26	$ 448.56
Aetna PPO 2000 N CA	$ 7.35	$ 231.43	$ 194.08	$ 380.81
Aetna PPO 500 N CA	$ 155.18	$ 556.67	$ 489.74	$ 824.31
Blue Shield HDHP/HSA 2300 N CA	$ -	$ 158.77	$ 128.03	$ 281.73
Blue Shield HDHP/HSA 3000 N CA	$ -	$ 150.12	$ 120.16	$ 269.92
Blue Shield HMO 15 N CA	$ 41.17	$ 305.83	$ 261.56	$ 482.12
Blue Shield HMO 30 N CA	$ 19.13	$ 257.14	$ 217.67	$ 416.05
Blue Shield PPO 400 N CA	$ 44.22	$ 312.54	$ 267.79	$ 491.37
Blue Shield PPO 700 N CA	$ -	$ 215.19	$ 179.32	$ 358.67
Blue Shield PPO Platinum N CA	$ 204.75	$ 665.57	$ 588.73	$ 973.27
Health Net HMO 15 N CA	$ 60.82	$ 349.07	$ 301.03	$ 541.23
Health Net HMO 30 N CA	$ 32.81	$ 287.44	$ 245.01	$ 457.20
Kaiser HMO 15 N CA	$ -	$ 208.83	$ 173.54	$ 350.00
DENTAL PLANS	Pay Period Deductions, if applicable			
Aetna DMO Group	$ -	$ 9.29	$ 9.42	$ 17.67
Aetna Dental 100 Group	$ 9.07	$ 32.07	$ 21.01	$ 46.28
Aetna Dental 25 Group	$ 14.61	$ 44.56	$ 30.15	$ 63.06
Delta Dental 100 Group	$ 6.74	$ 33.67	$ 25.66	$ 48.89
Delta Dental 25 Group	$ 14.96	$ 45.40	$ 31.24	$ 65.40
MetLife Dental 100 Group	$ 8.16	$ 30.01	$ 20.78	$ 43.28
MetLife Dental 25 Group	$ 14.78	$ 44.92	$ 32.18	$ 63.22
VISION & LIFE INSURANCE PLANS	Pay Period Deductions, if applicable			
Vision Service Plan	$ -	$ 2.43	$ 2.57	$ 6.80
Group Term Life – 10k (includes AD&D)	Employer Paid			
OPTIONAL PLANS	Pay Period Deductions, if applicable			
Aetna DMO Optional	$ 9.29	$ 18.58	$ 18.71	$ 26.96
Aetna Dental 100 Optional	$ 18.35	$ 41.35	$ 30.29	$ 55.56
Aetna Dental 25 Optional	$ 23.90	$ 53.85	$ 39.44	$ 72.35
Delta Dental 100 Optional	$ 16.02	$ 42.96	$ 34.96	$ 58.17
Delta Dental 25 Optional	$ 24.25	$ 54.69	$ 40.53	$ 74.68
MetLife Dental 100 Optional	$ 17.44	$ 39.30	$ 30.06	$ 52.57
MetLife Dental 25 Optional	$ 24.06	$ 54.21	$ 41.46	$ 72.51
Vision Service Plan Optional	$ 4.63	$ 7.30	$ 7.46	$ 12.01

Logon to www.hrpassport.com for details on: Optional Long Term Disability: cost is based on salary; Optional Group & Term Life & Optional Accident Insurance: Coverage under plans is available in increments of $10,000 subject to plan maximums; Optional Group Life & Term Life Insurance for your family is also available. [1]Employee plus child or children [2]Employee plus Spouse and child/children

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