

Medical Plan Premium Costs Effective July 1, 2011

Medical Plan FY12	Employee Cost per Pay Period	Employee Cost Per Month	Employer Cost Per Month	Total
Buy-Up Plan - \$500 Deductible				
Employee	\$30.90	\$ 61.80	\$ 452.78	\$ 514.58
Employee +1	\$291.12	\$ 582.24	\$ 452.78	\$ 1035.02
Employee + Family	\$499.52	\$999.04	\$ 452.78	\$ 1451.82
Base Plan - \$750 Deductible				
Employee	\$ 10.00	\$ 20.00	\$ 452.78	\$ 472.78
Employee +1	\$ 249.11	\$ 498.22	\$ 452.78	\$ 951.00
Employee + Family	\$ 440.59	\$ 881.18	\$ 452.78	\$ 1333.96
HDHP/HSA - \$1,250 Deductible or FSA * \$27.68 per month employer contribution to HSA				
Employee	\$ 0.00	\$ 0.00	\$ 425.10	\$ 425.10
Dependent	\$ 215.02	\$ 430.04	\$ 425.10	\$ 855.14
Employee + Family	\$ 387.18	\$ 774.36	\$ 425.10	\$ 1199.46

Dental Plan Premium Costs Effective July 1, 2011

No increases to the dental plan this year

Dental Plan FY12	Monthly Premium	Employee Cost per Pay period
Base Plan \$1,000 Annual Benefit		
Employee	\$ 32.86	\$ 16.43
Family	\$ 92.20	\$ 46.10

Vision Plan Premium Costs Effective July 1, 2011

No increases to the vision plan this year

Vision Plan FY12	Buy-Up Plan	Base Plan Employee Only In-Network
<p align="center">Eye Exam Once every 12 months</p>	<p align="center">\$15.00 Co-pay</p>	<p align="center">\$15.00 Co-pay</p>
<p align="center">Prescription Lenses Once every 12 months</p>	<p align="center">\$25 Material Co-pay Lenses and/or Frames</p>	<p align="center">20% Discount on a complete pair of glasses.</p>
<p align="center">Frames Once every 24 months</p>	<p align="center">\$25 Material Co-pay Lenses and/or Frames \$120 Allowance 20% off additional cost</p>	
<p align="center">Contacts Instead of Glasses</p>	<p align="center">15% discount off contact lens exam \$120 allowance for exam & contacts</p>	<p align="center">15% Discount on Contact Lens Exam</p>