

**PART-TIME RATES FOR 2009 ABOVE \$30,000**

<b>2009 MEDICAL RATES PART-TIME EMPLOYEES</b>							
Coverage Level	<b>CareFirst PPO</b>		<b>CIGNA HMO</b>		<b>CIGNA POS</b>		
	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly	
Employee Only	\$163.02	\$75.24	\$279.46	\$128.98	\$204.68	\$94.47	
Employee + One	\$371.68	\$171.54	\$637.17	\$294.08	\$466.67	\$215.39	
Employee + Family	\$606.41	\$279.88	\$1,039.59	\$479.81	\$761.41	\$351.42	

<b>2009 DENTAL RATES FOR FULL-TIME &amp; PART-TIME EMPLOYEES</b>							
Coverage Level	<b>Aetna High Option</b>		<b>Aetna Low Option</b>		<b>Aetna DMO</b>		
	Monthly Premiums	Biweekly Premiums	Monthly Premiums	Biweekly Premiums	Monthly Premiums	Biweekly Premiums	
Employee Only	\$41.06	\$20.53	\$24.55	\$12.28	\$17.64	\$8.82	
Employee + One	\$89.04	\$44.52	\$52.19	\$26.10	\$40.34	\$20.17	
Employee + Family	\$107.73	\$53.87	\$63.16	\$31.58	\$48.79	\$24.40	

**NOTE: Biweekly deductions for dental coverage will be taken over 24 pay periods.**

<b>SUPPLEMENTAL GROUP TERM LIFE FOR FULL-TIME AND PART-TIME EMPLOYEES</b>			
<b>Employee and Spouse and Domestic Partner *</b>		<b>Child *</b>	
Age Band	Monthly Rate per \$1,000 of Coverage	Monthly Rate per \$1,000 of Coverage	
<19	\$.040	\$.103	
20 – 24	\$.050		
25 – 29	\$.050		*NOTE: The premium paid for <b>child coverage</b> is based on the cost of coverage for one child, regardless of how many children you have.
30 – 34	\$.050		
35 – 39	\$.080		
40 - 44	\$.120		
45 – 49	\$.220		
50 – 54	\$.390		
55 – 59	\$.660		
60– 64	\$.900		
65 – 69	\$1.620		
70 - 74	\$2.150		*NOTE: <b>Employee and Spouse</b> , your rate will increase as you age and move to the next age band.
75+	\$2.440		

**PART-TIME RATES FOR 2009 UNDER \$30,000**

<b>2009 MEDICAL RATES PART-TIME EMPLOYEES</b>							
Coverage Level	<b>CareFirst PPO</b>		<b>CIGNA HMO</b>		<b>CIGNA POS</b>		
	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly	
Employee Only	\$146.71	\$67.71	\$251.51	\$116.08	\$184.21	\$85.02	
Employee + One	\$309.73	\$142.95	\$530.98	\$245.07	\$388.89	\$179.49	
Employee + Family	\$505.35	\$233.24	\$866.33	\$399.84	\$634.51	\$292.85	

<b>2009 DENTAL RATES FOR FULL-TIME &amp; PART-TIME EMPLOYEES</b>							
Coverage Level	<b>Aetna High Option</b>		<b>Aetna Low Option</b>		<b>Aetna DMO</b>		
	Monthly Premiums	Biweekly Premiums	Monthly Premiums	Biweekly Premiums	Monthly Premiums	Biweekly Premiums	
Employee Only	\$41.06	\$20.53	\$24.55	\$12.28	\$17.64	\$8.82	
Employee + One	\$89.04	\$44.52	\$52.19	\$26.10	\$40.34	\$20.17	
Employee + Family	\$107.73	\$53.87	\$63.16	\$31.58	\$48.79	\$24.40	

**NOTE: Biweekly deductions for dental coverage will be taken over 24 pay periods.**

<b>SUPPLEMENTAL GROUP TERM LIFE FOR FULL-TIME AND PART-TIME EMPLOYEES</b>			
<b>Employee and Spouse and Domestic Partner *</b>		<b>Child *</b>	
Age Band	Monthly Rate per \$1,000 of Coverage	Monthly Rate per \$1,000 of Coverage	
<19	\$.040	\$.103	
20 – 24	\$.050		
25 – 29	\$.050	*NOTE: The premium paid for <b>child coverage</b> is based on the cost of coverage for one child, regardless of how many children you have.	
30 – 34	\$.050		
35 – 39	\$.080		
40 - 44	\$.120		
45 – 49	\$.220		
50 – 54	\$.390		
55 – 59	\$.660		
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65 – 69	\$1.620		
70 - 74	\$2.150		
75+	\$2.440	*NOTE: <b>Employee and Spouse</b> , your rate will increase as you age and move to the next age band.	