

EMPLOYEE PAYROLL DEDUCTIONS

Premium Schedule
Effective January 10, 2010.

PLAN I	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE, SPOUSE & CHILD	EMPLOYEE & DOMESTIC PARTNER	EMPLOYEE, CHILD & DOMESTIC PARTNER
COBRA Rates	\$1,056.84	\$2,315.86	\$1,842.37	\$3,151.66	\$2,315.86	\$3,151.66

PLAN II	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE, SPOUSE & CHILD	EMPLOYEE & DOMESTIC PARTNER	EMPLOYEE, CHILD & DOMESTIC PARTNER
Total Cost	\$667.64	\$1,487.26	\$1,189.75	\$2,043.72	\$1,487.26	\$2,043.72

The above insurance rates are for a full-time permanent employee (32 to 40 hrs per week). Permanent employees under 32 hours per week also pay a prorated share of the County cost based on their percent of hours to full-time equivalent.