



**Rates Effective January 8, 2012**

PLAN I	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE, SPOUSE & CHILD	EMPLOYEE & DOMESTIC PARTNER	EMPLOYEE, CHILD & DOMESTIC PARTNER
EE Cost Pre Tax	\$101.62	\$222.68	\$177.15	\$303.04	\$101.62	\$181.98
EE Post Tax					\$121.06	\$121.06
Total EE Cost					\$222.68	\$303.04
ER Cost	\$304.86	\$668.04	\$531.45	\$909.14	\$668.04	\$909.14
Total Plan Cost	\$406.48	\$890.72	\$708.60	\$1,212.18	\$890.72	\$1,212.18
PLAN II	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE, SPOUSE & CHILD	EMPLOYEE & DOMESTIC PARTNER	EMPLOYEE, CHILD & DOMESTIC PARTNER
EE Cost Pre Tax	\$64.20	\$143.00	\$114.40	\$196.51	\$64.20	\$117.71
EE Post Tax					\$78.80	\$78.80
Total EE Cost					\$143.00	\$196.51
ER Cost	\$192.59	\$429.02	\$343.20	\$589.54	\$429.02	\$589.54
Total Plan Cost	\$256.79	\$572.02	\$457.60	\$786.05	\$572.02	\$786.05

The rates listed above are the “bi-weekly” amount that will be withdrawn from your check each pay period. If you have any questions regarding this, please contact your Health Benefits Specialist.