

Health Plan Year 2008						
Level of Coverage	Indemnity	PPO	PPO Choice	HDHP	HMO	HMO Consumer Choice
Employee	\$140.62	\$105.18	\$147.28	\$22.70	\$78.78	\$133.94
Employee + Child	\$253.00	\$189.30	\$265.04	\$39.68	\$141.80	\$241.06
Employee + Spouse	\$295.20	\$220.84	\$309.20	\$46.04	\$165.42	\$281.22
Family	\$407.64	\$304.96	\$426.94	\$63.00	\$228.46	\$388.38
Dental Plan 2008						
Level of Coverage		USG Dental		Delta Dental		
Employee Only		\$27.24		\$31.40		
Employee + Child		\$51.74		\$58.74		
Employee + Spouse		\$54.46		\$58.74		
Family		\$87.14		\$73.50		
Supplemental Life Insurance						
Rates will be based on age as of January 1, of each calendar year. Employees desiring to enroll or increase coverage must provide evidence of insurability.		AGE		RATE		
		<39 years old		.11 per thousand		
		40 – 44		.135 per thousand		
		45 – 49		.22 per thousand		
		50 – 54		.347 per thousand		
		55 – 59		.513 per thousand		
		60 – 64		.782 per thousand		
		65 – 69		1.376 per thousand		
Over 70		2.414 per thousand				
Long Term Disability						
Age of Employee			Rate			
< 30			.270 per \$100			
31 - 40			.343 per \$100			
41 - 50			.548 per \$100			
51+			.876 per \$100			
Dependent Life						
Level of Coverage			Rate			
Family Unit			\$5.81			
Personal Accident Insurance:						
Level of Coverage			Rate			
Employee Only:			.25 per \$10,000			
Family:			.35 per \$10,000			