

HEALTH AND DENTAL INSURANCE COSTS — Plan Year 2009

Facilities Management USAW-RI Bargaining Unit

Health Insurance*

Costs for FULL-TIME EMPLOYEES WORKING 1300+ hours/year						
	INDIVIDUAL		2-PERSON		FAMILY	
	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> <i>Plus</i>	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> <i>Plus</i>	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> <i>Plus</i>
Monthly Cost	\$41.00	\$41.82	\$82.40	\$84.05	\$102.94	\$104.99
Costs for PART-TIME EMPLOYEES WORKING BETWEEN 975 and 1299 hours/year						
	INDIVIDUAL		2-PERSON		FAMILY	
	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> <i>Plus</i>	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> <i>Plus</i>	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> <i>Plus</i>
Monthly Cost	\$256.26	\$261.38	\$514.98	\$525.28	\$643.34	\$656.21
Costs for PART-TIME EMPLOYEES WORKING LESS THAN 975 hours/year						
	INDIVIDUAL		2-PERSON		FAMILY	
	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> <i>Plus</i>	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> <i>Plus</i>	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> <i>Plus</i>
Monthly Cost	\$512.52	\$522.77	\$1,029.97	\$1,050.57	\$1,286.69	\$1,312.42
Costs for health insurance coverage under COBRA						
	INDIVIDUAL		2-PERSON		FAMILY	
	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> <i>Plus</i>	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> <i>Plus</i>	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> <i>Plus</i>
Monthly Cost	\$522.77	\$533.23	\$1,050.57	\$1,071.58	\$1,312.42	\$1,338.67

Dental Insurance*

Costs for FULL-TIME EMPLOYEES WORKING 1300+ hours/year						
	INDIVIDUAL		2-PERSON		FAMILY	
	Delta Dental <i>Comprehensive</i>	Delta Dental <i>Plus</i>	Delta Dental <i>Comprehensive</i>	Delta Dental <i>Plus</i>	Delta Dental <i>Comprehensive</i>	Delta Dental <i>Plus</i>
Monthly Cost	\$17.04	\$23.60	\$44.86	\$63.64	\$78.98	\$108.07
Costs for PART-TIME EMPLOYEES WORKING FROM 975–1299 hours/year						
	INDIVIDUAL		2-PERSON		FAMILY	
	Delta Dental <i>Comprehensive</i>	Delta Dental <i>Plus</i>	Delta Dental <i>Comprehensive</i>	Delta Dental <i>Plus</i>	Delta Dental <i>Comprehensive</i>	Delta Dental <i>Plus</i>
Monthly Cost	\$25.57	\$32.13	\$53.39	\$72.17	\$87.51	\$116.60
Costs for PART-TIME EMPLOYEES WORKING LESS THAN 975 hours/year						
	INDIVIDUAL		2-PERSON		FAMILY	
	Delta Dental <i>Comprehensive</i>	Delta Dental <i>Plus</i>	Delta Dental <i>Comprehensive</i>	Delta Dental <i>Plus</i>	Delta Dental <i>Comprehensive</i>	Delta Dental <i>Plus</i>
Monthly Cost	\$34.09	\$40.65	\$61.91	\$80.69	\$96.03	\$125.12
Costs for dental insurance coverage under COBRA						
	INDIVIDUAL		2-PERSON		FAMILY	
	Delta Dental <i>Comprehensive</i>	Delta Dental <i>Plus</i>	Delta Dental <i>Comprehensive</i>	Delta Dental <i>Plus</i>	Delta Dental <i>Comprehensive</i>	Delta Dental <i>Plus</i>
Monthly Cost	\$34.77	\$41.46	\$63.15	\$82.30	\$97.95	\$127.62

* Note — Divide by four to determine your contribution per paycheck.