

# HEALTH AND DENTAL INSURANCE COSTS — Plan Year 2008

## Dining Services SEIU 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	<b>\$28.30</b>	<b>\$31.72</b>	<b>\$56.87</b>	<b>\$65.63</b>	<b>\$71.05</b>	<b>\$85.10</b>
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	<b>\$235.82</b>	<b>\$264.36</b>	<b>\$473.92</b>	<b>\$546.90</b>	<b>\$592.04</b>	<b>\$709.16</b>
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	<b>\$471.65</b>	<b>\$528.73</b>	<b>\$947.84</b>	<b>\$1,093.80</b>	<b>\$1,184.09</b>	<b>\$1,418.32</b>
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	<b>\$481.08</b>	<b>\$539.30</b>	<b>\$966.80</b>	<b>\$1,115.68</b>	<b>\$1,207.77</b>	<b>\$1,446.69</b>

### 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	<b>\$17.04</b>	<b>\$23.60</b>	<b>\$44.86</b>	<b>\$63.64</b>	<b>\$78.98</b>	<b>\$108.08</b>
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	<b>\$25.57</b>	<b>\$32.13</b>	<b>\$53.39</b>	<b>\$72.17</b>	<b>\$87.51</b>	<b>\$116.61</b>
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	<b>\$34.09</b>	<b>\$40.65</b>	<b>\$61.91</b>	<b>\$80.69</b>	<b>\$96.03</b>	<b>\$125.13</b>
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	<b>\$34.77</b>	<b>\$41.46</b>	<b>\$63.15</b>	<b>\$82.30</b>	<b>\$97.95</b>	<b>\$127.63</b>

\* Note — Divide by four if you are paid weekly or by two if you are paid semi-monthly to determine your contribution per paycheck.