

HEALTH AND DENTAL INSURANCE COSTS — Plan Year 2008

Library 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> Plus | BCBS <i>HealthMate</i> 100/80 | UHC <i>Choice</i> Plus | BCBS <i>HealthMate</i> 100/80 | UHC <i>Choice</i> Plus |
| Monthly Cost | \$28.30 | \$31.72 | \$56.87 | \$65.63 | \$71.05 | \$85.10 |
| 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> Plus | BCBS <i>HealthMate</i> 100/80 | UHC <i>Choice</i> Plus | BCBS <i>HealthMate</i> 100/80 | UHC <i>Choice</i> Plus |
| Monthly Cost | \$235.82 | \$264.36 | \$473.92 | \$546.90 | \$592.04 | \$709.16 |
| 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> Plus | BCBS <i>HealthMate</i> 100/80 | UHC <i>Choice</i> Plus | BCBS <i>HealthMate</i> 100/80 | UHC <i>Choice</i> Plus |
| Monthly Cost | \$471.65 | \$528.73 | \$947.84 | \$1,093.80 | \$1,184.09 | \$1,418.32 |
| Costs for health insurance coverage under COBRA | | | | | | |
| | INDIVIDUAL | | 2-PERSON | | FAMILY | |
| | BCBS <i>HealthMate</i> 100/80 | UHC <i>Choice</i> Plus | BCBS <i>HealthMate</i> 100/80 | UHC <i>Choice</i> Plus | BCBS <i>HealthMate</i> 100/80 | UHC <i>Choice</i> Plus |
| Monthly Cost | \$481.08 | \$539.30 | \$966.80 | \$1,115.68 | \$1,207.77 | \$1,446.69 |

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 | \$108.08 |
| 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 | \$116.61 |
| 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 | \$125.13 |
| 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 | \$127.63 |

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