

Bi-Weekly Rates for 2010 Plan Year

	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Medical Plan Options				
Copay 500	\$ 44.07	\$142.24	\$142.24	\$175.83
Copay 750	\$ 35.63	\$114.95	\$114.95	\$142.10
California-Kaiser	\$ 38.52	\$ 91.57	\$ 87.25	\$150.24
Colorado-Kaiser	\$ 42.79	\$133.60	\$131.34	\$171.32
BCBS-AL Georgia Copay 500	\$ 44.07	\$132.24	\$132.24	\$181.45
Georgia-Kaiser	\$ 23.58	\$ 76.09	\$ 76.09	\$ 94.07
Hawaii HMO	\$ 4.36	\$114.37	\$114.37	\$158.99
Hawaii PPO	\$ 31.25	\$128.76	\$128.76	\$161.93
BCBS AL Kentucky Copay 500	\$ 41.54	\$138.37	\$128.60	\$169.96
Michigan-BCBS	\$ 44.44	\$126.78	\$110.74	\$147.21
Missouri-GHP	\$ 43.57	\$117.25	\$103.11	\$173.91
Nevada, Health Plan of Las Vegas	\$ 34.97	\$ 88.48	\$ 84.49	\$136.97
BCBS AL Ohio Copay 500	\$ 44.07	\$142.24	\$138.60	\$175.83
Oregon-Kaiser	\$ 46.79	\$111.43	\$ 98.51	\$176.09
Penn-Geisinger	\$ 42.08	\$126.01	\$126.01	\$175.49
Mid-Atlantic-Kaiser	\$ 34.68	\$115.44	\$113.50	\$138.53
Wyoming-WinHealth	\$ 49.44	\$105.93	\$ 93.69	\$147.16
Dental				
	\$ 5.40	\$ 12.17	\$ 15.00	\$ 21.09
Vision				
Option 1	\$ 2.17	\$ 3.78	\$ 3.92	\$ 6.55
Option 2	\$ 3.28	\$ 5.71	\$ 5.93	\$ 9.89
Pre-paid Legal				

\$7.98 per pay period

Full-Time Benefits

Bi-Weekly Rates for 2010 Plan Year (continued)

Critical Illness

Rates are based on the employee's age.

Spouse/Domestic Partner and child(ren) coverage amounts ar 50% of the employee benefit.

Evidence of Insurability required for coverage amounts over \$30,000 for the employee and \$15,00 for spouse/domestic partner and child(ren)

Employee Only

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
< 34	\$ 2.14	\$ 3.56	\$ 5.00	\$ 6.42	\$ 7.86
35-39	\$ 3.10	\$ 5.50	\$ 7.90	\$ 10.30	\$ 12.70
40-44	\$ 4.76	\$ 8.82	\$ 12.90	\$ 16.96	\$ 21.02
45-49	\$ 7.44	\$ 14.18	\$ 20.92	\$ 27.66	\$ 34.40
50-54	\$ 11.50	\$ 22.30	\$ 33.10	\$ 43.90	\$ 54.70
55-59	\$ 15.80	\$ 30.90	\$ 45.98	\$ 61.08	\$ 76.16
60-64	\$ 23.92	\$ 47.14	\$ 70.36	\$ 93.56	\$ 116.78
65-69	\$ 30.98	\$ 61.26	\$ 91.54	\$ 121.82	\$ 152.10
70 +	\$ 38.10	\$ 75.48	\$ 112.86	\$ 150.24	\$ 187.62

Employee + Spouse

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
< 34	\$ 3.34	\$ 5.48	\$ 7.62	\$ 9.78	\$ 11.92
35-39	\$ 4.80	\$ 8.40	\$ 12.00	\$ 15.60	\$ 19.20
40-44	\$ 7.28	\$ 13.38	\$ 19.46	\$ 25.56	\$ 31.66
45-49	\$ 11.30	\$ 21.40	\$ 31.52	\$ 41.62	\$ 51.72
50-54	\$ 17.40	\$ 33.60	\$ 49.80	\$ 66.00	\$ 82.20
55-59	\$ 23.82	\$ 46.46	\$ 69.10	\$ 91.74	\$ 114.38
60-64	\$ 36.02	\$ 70.84	\$ 105.66	\$ 140.48	\$ 175.30
65-69	\$ 46.60	\$ 92.02	\$ 137.44	\$ 182.86	\$ 228.26
70 +	\$ 57.26	\$ 113.34	\$ 169.42	\$ 225.50	\$ 281.58

Full-Time Benefits

Bi-Weekly Rates for 2010 Plan Year (continued)

Critical Illness (continued)

Rates are based on the employee's age.

Spouse/Domestic Partner and child(ren) coverage amounts ar 50% of the employee benefit.

Evidence of Insurability required for coverage amounts over \$30,000 for the employee and \$15,00 for spouse/domestic partner and child(ren)

Employee + Child(ren)

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
< 34	\$ 2.34	\$ 3.98	\$ 5.62	\$ 7.26	\$ 8.90
35-39	\$ 3.32	\$ 5.92	\$ 8.52	\$ 11.14	\$ 13.74
40-44	\$ 4.98	\$ 9.24	\$ 13.52	\$ 17.78	\$ 22.06
45-49	\$ 7.66	\$ 14.60	\$ 21.54	\$ 28.50	\$ 35.44
50-54	\$ 11.72	\$ 22.72	\$ 33.72	\$ 44.74	\$ 55.74
55-59	\$ 16.00	\$ 31.30	\$ 46.60	\$ 61.90	\$ 77.20
60-64	\$ 24.12	\$ 47.56	\$ 70.98	\$ 94.40	\$ 117.82
65-69	\$ 31.20	\$ 61.68	\$ 92.16	\$ 122.64	\$ 153.12
70 +	\$ 38.30	\$ 75.90	\$ 113.48	\$ 151.08	\$ 188.66

Family (Employee + Spouse + Children)

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
< 34	\$ 3.54	\$ 5.90	\$ 8.26	\$ 10.60	\$ 12.96
35-39	\$ 5.00	\$ 8.80	\$ 12.62	\$ 16.42	\$ 20.22
40-44	\$ 7.50	\$ 13.80	\$ 20.10	\$ 26.40	\$ 32.70
45-49	\$ 11.50	\$ 21.82	\$ 32.14	\$ 42.46	\$ 52.76
50-54	\$ 17.60	\$ 34.00	\$ 50.42	\$ 66.82	\$ 83.22
55-59	\$ 24.04	\$ 46.88	\$ 69.72	\$ 92.58	\$ 115.42
60-64	\$ 36.22	\$ 71.26	\$ 106.28	\$ 141.32	\$ 176.34
65-69	\$ 46.82	\$ 92.44	\$ 138.06	\$ 183.68	\$ 229.30
70 +	\$ 57.48	\$ 113.76	\$ 170.04	\$ 226.32	\$ 282.62

Full-Time Benefits

Bi-Weekly Rates for 2010 Plan Year (continued)

Basic Term Life Insurance

Employee \$.0404 per thousand of coverage

Employee life insurance amount is based one times base annual pay (Maximum \$500,000).

Supplemental Term Life Insurance

Age	Employee Premium per \$1,000 of Coverage	Age	Employee Premium per \$1,000 of Coverage
Under Age 25	0.0157	50–54	0.0840
25–29	0.0185	55–59	0.1615
30–34	0.0249	60–64	0.2538
35–39	0.0282	65–69	0.3937
40–44	0.0309	70+	0.6508
45–49	0.0494		

Employees may elect life insurance coverage in the amounts of one to eight times their base annual pay not to exceed \$3,000,000. For new hires, no Statement of Health is required for the lesser of three times annual base pay or \$500,000. All other amounts require Statement of Health and approval by MetLife before such coverage amounts are put in-force.

Personal Accident Insurance

Benefit Amount	Employee Premium	Family Premium
\$ 10,000	\$ 0.0738	\$ 0.1338
\$ 25,000	\$ 0.1846	\$ 0.3346
\$ 50,000	\$ 0.3692	\$ 0.6692
\$ 75,000	\$ 0.5538	\$ 1.0038
\$ 100,000	\$ 0.7385	\$ 1.3385
\$ 125,000	\$ 0.9231	\$ 1.6731
\$ 150,000	\$ 1.1077	\$ 2.0077
\$ 175,000	\$ 1.2923	\$ 2.3423
\$ 200,000	\$ 1.4769	\$ 2.6769
\$ 225,000	\$ 1.6615	\$ 3.0115
\$ 250,000	\$ 1.8462	\$ 3.3462
\$ 275,000	\$ 2.0308	\$ 3.6808
\$ 300,000	\$ 2.2154	\$ 4.0154
\$ 400,000	\$ 2.9538	\$ 5.3538
\$ 500,000	\$ 3.6923	\$ 6.6923
\$ 600,000	\$ 4.4308	\$ 8.0308
\$ 700,000	\$ 5.1692	\$ 9.3692
\$ 800,000	\$ 5.9077	\$ 10.7077
\$ 900,000	\$ 6.6462	\$ 12.0462
\$ 1,000,000	\$ 7.3846	\$ 13.3846

Full-Time Benefits

Bi-Weekly Rates for 2010 Plan Year (continued)

Dependent Life Insurance

Employee must enroll in Basic or Supplemental Term Life to enroll in Dependent Term Life.

Option 1

	Coverage Type	Employee
Basic Death Benefit (\$8,000 Spouse/Domestic Partner, \$8,000 per Child(ren) and \$1,000 for Child(ren) or Child(ren) of Domestic Partner under age one).	Lump Sum Death Benefit Amount	\$0.58

Option 2

	Age	Employee Premium per \$1,000 of Coverage
Enhanced Spouse/Domestic Partner Death Benefit Spouse coverage by age** <i>Amounts in increments of \$25,000 up to \$250,000</i>	Under Age 25	0.0185
	25–29	0.0277
	30–34	0.0369
	35–39	0.0415
	40–44	0.0415
	45–49	0.0646
	50–54	0.1200
	55–59	0.2262
	60–64	0.3554
	65–69	0.5492
	70+	0.9000

	Coverage Type	Employee
Enhanced Child(ren)/Domestic Partner Child(ren)	\$ 5,000	\$ 0.37
	\$ 10,000	\$ 0.74
	\$ 20,000	\$ 1.48

**Spousal coverage over \$25,000 will require Statement of Health on the spouse, and approval by MetLife before such coverage is put in-force. Until the amount greater than \$25,000 is approved, the spouse will be enrolled for \$25,000.

Long-Term Disability

To calculate your premium:

Add your base annual pay plus your target annual bonus (if applicable) and divide this total by 26.

Next, divide this amount by \$100.

Next, multiply this total by the bi-weekly premium associated with your age

Age	Employee Rate per \$100 of Coverage
20–29	\$ 0.13
30–34	\$ 0.20
35–39	\$ 0.28
40–44	\$ 0.46
45–49	\$ 0.70
50–54	\$ 1.22
55–59	\$ 1.82
60–64	\$ 1.64
65+	\$ 1.50