

2009 MONTHLY RATE CHART FOR ACTIVE EMPLOYEES

This Chart applies to all Employees whose positions are represented by any of the following units:

HACM, RACM, WCD & MEDC EMPLOYEES

HMO Employer Share for "MANAGEMENT"

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

Basic Plan Employer Share for "MANAGEMENT"

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

Chart I - Management Monthly Health Plan Rates For 2009

HEALTH PLAN	SINGLE PREMIUM	EMPLOYER SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	EMPLOYER SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$555.10	\$535.10	\$20.00	\$1,515.79	\$1,475.79	\$40.00
Basic Plan (includes Admin Fee)	\$827.46	\$752.46	\$75.00	\$1,820.40	\$1,670.40	\$150.00

HMO Employer Share for "OTHER THAN MANAGEMENT"

The CITY will pay, monthly, 100% of the lowest single or lowest family HMO premium cost to the City. For 2009, this contribution ("City Share") will be no more than \$551.10 (Single) or \$1,515.79 (Family) toward the cost of your HMO plan. Any excess premium over these amounts ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

Basic Plan Employer Share for "OTHER THAN MANAGEMENT"

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

Chart II - Other than Management Monthly Health Plan Rates For 2009

HEALTH PLAN	SINGLE PREMIUM	EMPLOYER SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	EMPLOYER SHARE	FAMILY EMPLOYEE SHARE
United Health Care	\$555.10	\$555.10	No Cost	\$1,515.79	\$1,515.79	No Cost
Basic Plan (includes Admin Fee)	\$827.46	\$752.46	\$75.00	\$1,820.40	\$1,670.40	\$150.00

Chart III - Monthly Dental Plan Rates For 2009 (All Employees)

DENTAL PLAN	SINGLE PREMIUM	EMPLOYER SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	EMPLOYER SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$26.31	\$13.00	\$13.31	\$90.62	\$37.50	\$53.12
Care-Plus	\$37.29	\$13.00	\$24.29	\$109.89	\$37.50	\$72.39
DentalBlue	\$45.56	\$13.00	\$32.56	\$136.71	\$37.50	\$99.21
First Commonwealth	\$61.61	\$13.00	\$48.61	\$185.89	\$37.50	\$148.39