

CLASSIFIED ACTIVE 4J EMPLOYEES – 12 CHECKS

2008 - 2009 PLAN YEAR MONTHLY EMPLOYEE CONTRIBUTIONS

EFFECTIVE 10/1/2008 – 9/30/2009

FULL-TIME (6 – 8 hours) ONLY

Classified Insurance Benefits: All plans include medical, vision and dental coverage	Plan 3 <i>\$100 deductible</i>	Plan 5 <i>\$200 deductible</i>	Plan 7 <i>\$500 deductible</i>	Plan 8 <i>\$1000 deductible</i>
Employee Only	\$105	\$70	\$25	\$0
Employee + Spouse/Domestic Partner	\$220	\$147	\$53	\$15
Employee + Child(ren)	\$200	\$133	\$48	\$13
Employee + Spouse/Domestic Partner +Child(ren)	\$315	\$210	\$75	\$21

PART-TIME (4 – 5.99 hours) ONLY

Classified Insurance Benefits: All plans include medical, vision (dental included where noted)	Plan 3 <i>\$100 deductible</i> With Dental	Plan 3 <i>\$100 deductible</i> Dental Waived	Plan 5 <i>\$200 deductible</i> With Dental	Plan 5 <i>\$200 deductible</i> Dental Waived	Plan 7 <i>\$500 deductible</i> With Dental	Plan 7 <i>\$500 deductible</i> Dental Waived	Plan 8 <i>\$1000 deductible</i> With Dental	Plan 8 <i>\$1000 deductible</i> Dental Waived
Employee Only	\$185	\$115	\$150	\$80	\$105	\$35	\$80	\$10
Employee + Spouse/Domestic Partner	\$300	\$230	\$227	\$157	\$133	\$63	\$95	\$25
Employee + Child(ren)	\$280	\$210	\$213	\$43	\$128	\$58	\$93	\$23
Employee + Spouse/Domestic Partner +Child(ren)	\$395	\$325	\$290	\$220	\$155	\$85	\$101	\$31

If you are in this part-time category (4 to less than 6 hours per day), you have the option to waive dental coverage and thereby reduce your out-of-pocket insurance cost. Keep in mind, **you may only waive dental coverage during annual enrollment** (or upon initial eligibility) and **you will not be able to re-enroll in dental coverage for the remainder of the plan year** (the only exceptions to this are if your hours increase to 6 hours or greater or if you lose other dental coverage and provide proof of the loss within 31 days).