



A 30¢ Administrative Fee is added to each Premium, except the Health Care Spending Accounts and the Health Savings Account (See page 4 for these fees).

### Flexible Benefits Program Rate Summary 2009 Plan Year

Employee Age Group	Employee Life Coverage selections 1,2,3,4,5,6,7,8,9 X Benefit Salary	*Spouse Life Coverage selections \$6,000, \$12,000, \$30,000, \$60,000, \$100,000, \$150,000, \$200,000, \$250,000	Accidental Death Coverage selections 1,2,3,4,5,6,7 X Benefit Salary
0-29	0.06	0.06	0.024
30-34	0.06	0.06	0.024
35-39	0.09	0.09	0.024
40-44	0.14	0.14	0.024
45-49	0.18	0.18	0.024
50-54	0.28	0.28	0.024
55-59	0.40	0.40	0.024
60-64	0.64	0.64	0.024
65-69	1.23	1.23	0.024
70-99	1.91	1.91	0.024

- Spouse Life rates are based on the employee's age.
- *Note: Computations are based on rate per thousand*

Child Life \$3,000	Child Life \$6,000	Child Life \$10,000	Child Life \$15,000	Child Life \$20,000
0.21	0.42	0.70	1.05	1.40

- Child Life Rates Based on Coverage Level



Rate Summary  
2009 Plan Year  
Premium Rates

Employee Age Group	Short Term Disability Thirty Day Wait		Short Term Disability Seven Day Wait		Long Term Disability No Retirement Disability Benefits		Long Term Disability With Retirement Disability Benefits	
	Under Social Security	Not Under Social Security	Under Social Security	Not Under Social Security	Under Social Security	Not Under Social Security	Under Social Security	Not Under Social Security
0-29	0.260	0.260	0.490	0.490	0.165	0.175	0.140	0.150
30-34	0.255	0.255	0.470	0.470	0.235	0.265	0.140	0.150
35-39	0.260	0.260	0.490	0.490	0.295	0.330	0.140	0.150
40-44	0.290	0.290	0.535	0.535	0.340	0.370	0.140	0.150
45-49	0.320	0.320	0.590	0.590	0.585	0.650	0.140	0.150
50-54	0.350	0.350	0.640	0.640	0.780	0.870	0.285	0.320
55-59	0.405	0.405	0.750	0.750	1.020	1.120	0.510	0.565
60-64	0.460	0.460	0.845	0.845	1.200	1.315	0.615	0.680
65-69	0.560	0.560	1.030	1.030	1.600	1.760	1.005	1.110
70-99	0.855	0.855	1.590	1.590	1.600	1.760	1.005	1.110

• Note: Computations are based on rate per thousand

	Dental Regular	Dental PPO	Dental Prepaid	Vision	Legal
Single	23.19	20.81	19.78	5.42	7.30
Family	68.45	56.18	49.32	15.01	9.60

*Flexible Benefits Program*  
2009 Plan Year  
Premium Rates

Coverage Levels	Specified Illness					
	\$5,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Age Bands						
18-29	\$ 3.43	\$ 5.33	\$ 9.13	\$ 12.93	\$ 16.73	\$ 20.53
30-39	\$ 5.03	\$ 8.53	\$15.53	\$ 22.53	\$ 29.53	\$ 36.53
40-49	\$ 9.23	\$16.93	\$32.33	\$ 47.73	\$ 63.13	\$ 78.53
50-59	\$15.13	\$28.73	\$55.93	\$ 83.13	\$110.33	\$137.53
60+	\$23.38	\$45.23	\$88.93	\$132.63	\$176.33	\$220.03

**Notes:** The above reduced premium rates for 2009 are only for **NEW PARTICIPANTS** in Specified Illness. Be aware **CURRENT PARTICIPANTS** have increased coverage amounts but with no change in premium rates.

Employees who are under age 18 and over age 69 as of October 1, 2008 are not eligible to select the Specified Illness option. If an employee enrolls in the Specified Illness plan and then buys up at a subsequent Open Enrollment, the premiums will be a blended rate. This scenario is not reflected in the above rate chart.

### **Spending Accounts**

(General Purpose Health Care Spending Account, Limited Purpose Health Care Spending Account, Dependent (Child) Care Spending Account)

**Employees with the General Purpose Health Care Spending Account or the Limited Purpose Health Care Spending Account will be assessed a \$2.00 monthly fee to cover part of the Third Party Administrator contract.**

### **Health Savings Account**

**Health Savings Account participants will be assessed a \$3.00 monthly service charge for the administration of their HSA, and which will be directly deducted from their Health Savings Account.**

**Employees who separate from employment may retain their HSA, through J.P. Morgan Chase & Co., for an increased monthly charge of \$5.00.**