

Your 2009 Monthly Medical Plan Contributions

**For Office & Clerical, Laboratory & Technical, Non-Union Service Staff, Sergeant Guards,
Local 1 Security Officers, Security Specialists in Codes 104, 106, 107PAR, 107SGT, 107PRG**

Plan	Coverage Category	Contributions
United Healthcare Choice Plus Point-of- Service (POS) Plan	Employee	\$ 0
	Employee + Spouse or Domestic Partner	\$35
	Employee + Child (or Children)	\$35
	Employee + Spouse/Domestic Partner + Child (or Children)	\$50
Aetna HMO**	Employee	\$ 0
	Employee + Spouse or Domestic Partner	\$35
	Employee + Child (or Children)	\$35
	Employee + Spouse/Domestic Partner + Child (or Children)	\$50
Oxford Freedom HMO	Employee	\$ 0
	Employee + Spouse or Domestic Partner	\$35
	Employee + Child (or Children)	\$35
	Employee + Spouse/Domestic Partner + Child (or Children)	\$50

Your 2009 Monthly Dental Assistance Plan Contributions

Coverage Level	Monthly Contribution
Employee	\$0
Employee + Spouse or Domestic Partner	\$4
Employee + Child (or Children)	\$4
Employee + Spouse/Domestic Partner + Child (or Children)	\$4

Your 2009 Monthly Vision Plan Contributions

Coverage Level	Monthly Contribution
Employee	\$6.84
Employee + Child or Spouse or Domestic Partner	\$14.43
Employee + Spouse/Domestic Partner + Child (or Children)	\$23.24