

Your 2009 Monthly Medical Plan Contributions

107/810.

Plan	Coverage Category	Contributions
Aetna HMO**	Employee	\$ 0
	Employee + Spouse or Domestic Partner	\$8
	Employee + Child (or Children)	\$8
	Employee + Spouse/Domestic Partner + Child (or Children)	\$8

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