

2008 CONTRIBUTIONS

AETNA

HMO Coverage	Premium	Employer Contribution	Employee Contribution (Month)	Employee Contribution (Pay Period)	Retiree	Cobra
Employee	\$545.77	\$545.77	\$0.00	\$0.00	\$545.77	\$556.69
Employee & Spouse	\$1,011.28	\$545.77	\$465.52	\$232.76	\$1,011.28	\$1,031.51
Employee & Child(ren)	\$940.91	\$545.77	\$395.14	\$197.57	\$940.91	\$959.73
Employee Spouse & Child(ren)	\$1,162.84	\$545.77	\$617.08	\$308.54	\$1,162.84	\$1,186.10
Dual		\$1,091.54	\$71.30	\$35.65		

POS Coverage	Premium	Employer Contribution	Employee Contribution	Employee Contribution (Pay Period)	Retiree	Cobra
Employee	\$684.91	\$545.77	\$139.14	\$69.57	684.91	\$698.61
Employee & Spouse	\$1,270.09	\$545.77	\$724.32	\$362.16	\$1,270.09	\$1,295.49
Employee & Child(ren)	\$1,181.63	\$545.77	\$635.86	\$317.93	\$1,181.63	\$1,205.26
Employee Spouse & Child(ren)	\$1,460.61	\$545.77	\$914.84	\$457.42	\$1,460.61	\$1,489.82
Dual		\$1,091.54	\$369.07	\$184.54		