



**EMPLOYEE CONTRIBUTIONS  
EFFECTIVE JANUARY 1, 2009**

	<b>FULL TIME EMPLOYEE</b>		<b>PART TIME EMPLOYEE</b>	
	<u>Pay Period</u>	<u>Monthly</u>	<u>Pay Period</u>	<u>Monthly</u>
<b><u>PPO600</u></b>				
Employee	\$ 97.45	\$194.89	\$131.55	\$263.10
Employee + Spouse	\$200.25	\$400.49	\$270.33	\$540.66
Employee + Child(ren)	\$172.40	\$344.79	\$232.70	\$465.40
Full Family	\$292.70	\$585.40	\$395.15	\$790.29
<b><u>HDP Premier</u></b>				
Employee	\$ 35.42	\$ 70.84	\$ 47.82	\$ 95.63
Employee + Spouse	\$ 75.58	\$151.15	\$102.03	\$204.05
Employee + Child(ren)	\$ 64.66	\$129.31	\$ 87.28	\$174.57
Full Family	\$ 88.63	\$177.25	\$119.64	\$239.29
<b><u>HDP Select</u></b>				
Employee	\$ 14.91	\$ 29.81	\$ 20.12	\$ 40.24
Employee + Spouse	\$ 32.58	\$ 65.15	\$ 43.98	\$ 87.95
Employee + Child(ren)	\$ 24.36	\$ 48.71	\$ 32.88	\$ 65.76
Full Family	\$ 42.50	\$ 85.00	\$ 57.38	\$114.75

*Note: If your spouse is offered coverage through his/her employer, declines the coverage, and enrolls in the DMH Plan, a surcharge of \$150 per month (\$75 per pay) will be incurred.*

<b><u>WRAP</u></b>				
Works in conjunction with primary insurance.	\$ 7.50	\$ 15.00	\$ 8.00	\$ 16.00

<b><u>DENTAL</u></b>				
Employee	\$ 5.00	\$ 9.00	\$ 6.00	\$ 10.00
Full Family	\$ 12.00	\$ 24.00	\$ 14.00	\$ 28.00

**MONTHLY COBRA HEALTH INSURANCE RATES (EFFECTIVE JANUARY 1, 2009)**

<b><u>PPO600</u></b>		<b><u>HDP1100</u></b>		<b><u>HDP2500</u></b>	
Employee	\$ 655.80	Employee	\$ 462.57	Employee	\$325.95
EE + Spouse	\$ 1,361.68	EE + Spouse	\$ 955.89	EE + Spouse	\$668.98
EE + Child(ren)	\$ 1,172.15	EE + Child(ren)	\$ 824.33	EE + Child(ren)	\$578.42
Full Family	\$1,990.37	Full Family	\$ 1,391.35	Full Family	\$967.82
<b><u>DENTAL</u></b>					
Employee (FT)	\$36.68				
Full Family (FT)	\$99.83				
Employee (PT)	\$44.02				
Full Family (PT)	\$119.80				