



Plan Year 2010

Dental, Vision and Non-Medicare Medical Plan Rates

| MONTHLY MEDICAL ALLOWANCE (MMA) BENEFIT CHART | | |
|---|-----------------------|-------------------------|
| NUMBER OF YEARS OF SERVICE | PERCENTAGE SUBSIDIZED | MAXIMUM MONTHLY BENEFIT |
| 0 - 9 YEARS | 0% | \$ - |
| 10 - 14 YEARS | 50% | \$ 261.08 |
| 15 - 19 YEARS | 75% | \$ 391.62 |
| 20 + YEARS | 100% | \$ 522.16 |

| 0 - 9 Years of Service | | | |
|---|-------------|-------------|-------------|
| | Self | Self + 1 | Family |
| Dental Plans | | | |
| DELTA DENTAL PPO | \$ 37.07 | \$ 73.25 | \$ 130.17 |
| MMA CONTRIBUTION | \$ 37.07 | \$ 37.07 | \$ 37.07 |
| RETIREE COST | \$ - | \$ 36.18 | \$ 93.10 |
| DELTACARE USA | \$ 20.98 | \$ 34.65 | \$ 51.21 |
| MMA CONTRIBUTION | \$ 20.98 | \$ 20.98 | \$ 20.98 |
| RETIREE COST | \$ - | \$ 13.67 | \$ 30.23 |
| Vision Plan | | | |
| VISION SERVICE PLAN (VSP) | \$ 5.52 | \$ 8.01 | \$ 14.39 |
| MMA CONTRIBUTION | \$ 5.52 | \$ 5.52 | \$ 5.52 |
| RETIREE COST | \$ - | \$ 2.49 | \$ 8.87 |
| Non-Medicare Medical Plans | | | |
| Anthem Blue Cross HMO | \$ 643.94 | \$ 1,288.20 | \$ 1,822.88 |
| MMA CONTRIBUTION | \$ - | \$ - | \$ - |
| RETIREE COST | \$ 643.94 | \$ 1,288.20 | \$ 1,822.88 |
| Kaiser Permanente HMO | \$ 535.60 | \$ 1,071.20 | \$ 1,515.76 |
| MMA CONTRIBUTION | \$ - | \$ - | \$ - |
| RETIREE COST | \$ 535.60 | \$ 1,071.20 | \$ 1,515.76 |
| UnitedHealthcare Choice Plus PPO | \$ 1,609.92 | \$ 3,123.20 | \$ 4,410.94 |
| MMA CONTRIBUTION | \$ - | \$ - | \$ - |
| RETIREE COST | \$ 1,609.92 | \$ 3,123.20 | \$ 4,410.94 |
| PacifiCare SignatureValue HMO | \$ 623.42 | \$ 1,247.00 | \$ 1,764.42 |
| MMA CONTRIBUTION | \$ - | \$ - | \$ - |
| RETIREE COST | \$ 623.42 | \$ 1,247.00 | \$ 1,764.42 |

| 10 - 14 Years of Service | | | |
|---|-------------|-------------|-------------|
| | Self | Self + 1 | Family |
| Dental Plans | | | |
| DELTA DENTAL PPO | \$ 37.07 | \$ 73.25 | \$ 130.17 |
| MMA CONTRIBUTION | \$ 37.07 | \$ 37.07 | \$ 37.07 |
| RETIREE COST | \$ - | \$ 36.18 | \$ 93.10 |
| DELTACARE USA | \$ 20.98 | \$ 34.65 | \$ 51.21 |
| MMA CONTRIBUTION | \$ 20.98 | \$ 20.98 | \$ 20.98 |
| RETIREE COST | \$ - | \$ 13.67 | \$ 30.23 |
| Vision Plan | | | |
| VISION SERVICE PLAN (VSP) | \$ 5.52 | \$ 8.01 | \$ 14.39 |
| MMA CONTRIBUTION | \$ 5.52 | \$ 5.52 | \$ 5.52 |
| RETIREE COST | \$ - | \$ 2.49 | \$ 8.87 |
| Non-Medicare Medical Plans | | | |
| Anthem Blue Cross HMO | \$ 643.94 | \$ 1,288.20 | \$ 1,822.88 |
| MMA CONTRIBUTION | \$ 261.08 | \$ 261.08 | \$ 261.08 |
| RETIREE COST | \$ 382.86 | \$ 1,027.12 | \$ 1,561.80 |
| Kaiser Permanente HMO | \$ 535.60 | \$ 1,071.20 | \$ 1,515.76 |
| MMA CONTRIBUTION | \$ 261.08 | \$ 261.08 | \$ 261.08 |
| RETIREE COST | \$ 274.52 | \$ 810.12 | \$ 1,254.68 |
| UnitedHealthcare Choice Plus PPO | \$ 1,609.92 | \$ 3,123.20 | \$ 4,410.94 |
| MMA CONTRIBUTION | \$ 261.08 | \$ 261.08 | \$ 261.08 |
| RETIREE COST | \$ 1,348.84 | \$ 2,862.12 | \$ 4,149.86 |
| PacifiCare SignatureValue HMO | \$ 623.42 | \$ 1,247.00 | \$ 1,764.42 |
| MMA CONTRIBUTION | \$ 261.08 | \$ 261.08 | \$ 261.08 |
| RETIREE COST | \$ 362.34 | \$ 985.92 | \$ 1,503.34 |

| 15 - 19 Years of Service | | | |
|---|-------------|-------------|-------------|
| | Self | Self + 1 | Family |
| Dental Plans | | | |
| DELTA DENTAL PPO | \$ 37.07 | \$ 73.25 | \$ 130.17 |
| MMA CONTRIBUTION | \$ 37.07 | \$ 37.07 | \$ 37.07 |
| RETIREE COST | \$ - | \$ 36.18 | \$ 93.10 |
| DELTACARE USA | \$ 20.98 | \$ 34.65 | \$ 51.21 |
| MMA CONTRIBUTION | \$ 20.98 | \$ 20.98 | \$ 20.98 |
| RETIREE COST | \$ - | \$ 13.67 | \$ 30.23 |
| Vision Plan | | | |
| VISION SERVICE PLAN (VSP) | \$ 5.52 | \$ 8.01 | \$ 14.39 |
| MMA CONTRIBUTION | \$ 5.52 | \$ 5.52 | \$ 5.52 |
| RETIREE COST | \$ - | \$ 2.49 | \$ 8.87 |
| Non-Medicare Medical Plans | | | |
| Anthem Blue Cross HMO | \$ 643.94 | \$ 1,288.20 | \$ 1,822.88 |
| MMA CONTRIBUTION | \$ 391.62 | \$ 391.62 | \$ 391.62 |
| RETIREE COST | \$ 252.32 | \$ 896.58 | \$ 1,431.26 |
| Kaiser Permanente HMO | \$ 535.60 | \$ 1,071.20 | \$ 1,515.76 |
| MMA CONTRIBUTION | \$ 391.62 | \$ 391.62 | \$ 391.62 |
| RETIREE COST | \$ 143.98 | \$ 679.58 | \$ 1,124.14 |
| UnitedHealthcare Choice Plus PPO | \$ 1,609.92 | \$ 3,123.20 | \$ 4,410.94 |
| MMA CONTRIBUTION | \$ 391.62 | \$ 391.62 | \$ 391.62 |
| RETIREE COST | \$ 1,218.30 | \$ 2,731.58 | \$ 4,019.32 |
| PacifiCare SignatureValue HMO | \$ 623.42 | \$ 1,247.00 | \$ 1,764.42 |
| MMA CONTRIBUTION | \$ 391.62 | \$ 391.62 | \$ 391.62 |
| RETIREE COST | \$ 231.80 | \$ 855.38 | \$ 1,372.80 |

| 20 or more Years of Service | | | |
|---|-------------|-------------|-------------|
| | Self | Self + 1 | Family |
| Dental Plans | | | |
| DELTA DENTAL PPO | \$ 37.07 | \$ 73.25 | \$ 130.17 |
| MMA CONTRIBUTION | \$ 37.07 | \$ 37.07 | \$ 37.07 |
| RETIREE COST | \$ - | \$ 36.18 | \$ 93.10 |
| DELTACARE USA | \$ 20.98 | \$ 34.65 | \$ 51.21 |
| MMA CONTRIBUTION | \$ 20.98 | \$ 20.98 | \$ 20.98 |
| RETIREE COST | \$ - | \$ 13.67 | \$ 30.23 |
| Vision Plan | | | |
| VISION SERVICE PLAN (VSP) | \$ 5.52 | \$ 8.01 | \$ 14.39 |
| MMA CONTRIBUTION | \$ 5.52 | \$ 5.52 | \$ 5.52 |
| RETIREE COST | \$ - | \$ 2.49 | \$ 8.87 |
| Non-Medicare Medical Plans | | | |
| Anthem Blue Cross HMO | \$ 643.94 | \$ 1,288.20 | \$ 1,822.88 |
| MMA CONTRIBUTION | \$ 522.16 | \$ 522.16 | \$ 522.16 |
| RETIREE COST | \$ 121.78 | \$ 766.04 | \$ 1,300.72 |
| Kaiser Permanente HMO | \$ 535.60 | \$ 1,071.20 | \$ 1,515.76 |
| MMA CONTRIBUTION | \$ 522.16 | \$ 522.16 | \$ 522.16 |
| RETIREE COST | \$ 13.44 | \$ 549.04 | \$ 993.60 |
| UnitedHealthcare Choice Plus PPO | \$ 1,609.92 | \$ 3,123.20 | \$ 4,410.94 |
| MMA CONTRIBUTION | \$ 522.16 | \$ 522.16 | \$ 522.16 |
| RETIREE COST | \$ 1,087.76 | \$ 2,601.04 | \$ 3,888.78 |
| PacifiCare SignatureValue HMO | \$ 623.42 | \$ 1,247.00 | \$ 1,764.42 |
| MMA CONTRIBUTION | \$ 522.16 | \$ 522.16 | \$ 522.16 |
| RETIREE COST | \$ 101.26 | \$ 724.84 | \$ 1,242.26 |