

**LOCAL GOVERNMENT
HEALTH INSURANCE RATES
EFFECTIVE 1/1/2010**

PLAN	SINGLE/ FAMILY	%	EMPLOYEE SHARE	COUNTY SHARE	TOTAL
CIGNA HEALTH CARE	EMPLOYEE	25%	133.28	399.78	533.06
POS WEST	TOTAL SINGLE POLICY		133.28		
	DEPENDENTS	50%	398.92	398.92	797.84
	TOTAL FAMILY POLICY		532.20	798.70	1330.90
BLUE CROSS BLUE SHIELD	EMPLOYEE ONLY	25%	138.68	416.02	554.70
PPO BLUE PREFERRED	TOTAL SINGLE POLICY		138.68		
	DEPENDENTS	50%	415.19	415.18	830.38
	TOTAL FAMILY POLICY		553.88	831.20	1385.08
BLUE CROSS BLUE SHIELD	EMPLOYEE ONLY	25%	87.36	262.10	349.46
PPO LIMITED	TOTAL SINGLE POLICY		87.36		
	DEPENDENTS	50%	261.56	261.56	523.12
	TOTAL FAMILY POLICY		348.92	523.66	872.58

BLUE CROSS BLUE SHIELD CUSTOMER SERVICE NUMBER:

1-800-558-6213

BLUE CROSS BLUE SHIELD WEB SITE:

www.bcbst.com

CIGNA HEALTH CARE CUSTOMER SERVICE NUMBER:

1-800-244-6224

CIGNA HEALTH CARE WEB SITE:

www.cigna.com

THE EMPLOYEE PAYS 25% OF THE EMPLOYEE TOTAL PREMIUM AND 50% OF THEIR DEPENDENTS.

**DENTAL INSURANCE RATES
EFFECTIVE 1/01/2010**

ASSURANT PRE-PAID

DELTA DENTAL PPO

EMPLOYEE ONLY	\$8.90	\$20.19
EMPLOYEE + 1	\$15.78	\$38.28
EMPLOYEE + 2 OR MORE	\$21.70	\$60.80