

**2008 Monthly
Rates**

Medical Plan B

Employee (EE)	\$154.00
EE/Spouse	\$570.00
EE/Child	\$318.00
EE/Children	\$431.00
EE/Family	\$763.00

Medical Plan T

Employee (EE)	\$25.00
EE/Spouse	\$348.00
EE/Child	\$173.00
EE/Children	\$259.00
EE/Family	\$518.00

Medical Plan H

Employee (EE)	\$361.00
EE/Spouse	\$993.00
EE/Child	\$602.00
EE/Children	\$782.00
EE/Family	\$1,264.00

Core Plan

Employee (EE)	\$123.00
EE/Spouse	\$506.00
EE/Child	\$269.00
EE/Children	\$378.00
EE/Family	\$686.00

CFB Dental Plan

Employee (EE)	\$36.00
EE/Spouse	\$72.00
EE/Child	\$55.00
EE/Children	\$65.00
EE/Family	\$99.00

QCD Dental Plan

Employee (EE)	\$10.00
EE/Spouse	\$20.00
EE/Child	\$16.00

EE/Children	\$20.00
EE/Family	\$27.00

Alternate Plan

Employee (EE)	\$0.00
EE/Spouse	\$36.00
EE/Child	\$19.00
EE/Children	\$29.00
EE/Family	\$63.00

Vision Service Plan

Employee (EE)	\$9.98
EE/Spouse	\$17.82
EE/Child(ren)	\$18.48
EE/Family	\$26.24