

**TOOELE CITY BENEFIT COSTS
REGULAR EMPLOYEES
2007-2008**

	BI-WEEKLY AMOUNTS (24 PERIODS)			MONTHLY AMOUNTS			COBRA RATES	
		Employee Deduction	City Premium	Employee & City Total	Employee Deduction	City Premium		Employee & City Total
PEHP Preferred Option 2	Single	\$12.86	\$217.48	\$230.34	\$25.72	\$434.96	\$460.68	\$469.89
	Double	\$118.38	\$358.41	\$476.79	\$236.76	\$716.82	\$953.58	\$972.65
	Family	\$205.62	\$439.31	\$644.93	\$411.24	\$878.62	\$1,289.86	\$1,315.66
Advantage Option 1	Single	\$0.00	\$217.48	\$217.48	\$0.00	\$434.96	\$434.96	\$443.66
	Double	\$93.95	\$358.41	\$452.36	\$187.90	\$716.82	\$904.72	\$922.81
	Family	\$147.89	\$439.31	\$587.20	\$295.78	\$878.62	\$1,174.40	\$1,197.89
Advantage Option 2	Single	\$0.00	\$190.25	\$190.25	\$0.00	\$380.50	\$380.50	\$388.11
	Double	\$35.41	\$358.41	\$393.82	\$70.82	\$716.82	\$787.64	\$803.39
	Family	\$93.39	\$439.31	\$532.70	\$186.78	\$878.62	\$1,065.40	\$1,086.71
Summit Care Program Option 1	Single	\$0.00	\$190.25	\$190.25	\$0.00	\$380.50	\$380.50	\$388.11
	Double	\$35.41	\$358.41	\$393.82	\$70.82	\$716.82	\$787.64	\$803.39
	Family	\$93.39	\$439.31	\$532.70	\$186.78	\$878.62	\$1,065.40	\$1,086.71
Summit Care Program Option 2	Single	\$0.00	\$170.47	\$170.47	\$0.00	\$340.94	\$340.94	\$347.76
	Double	\$0.00	\$352.86	\$352.86	\$0.00	\$705.72	\$705.72	\$719.83
	Family	\$37.99	\$439.31	\$477.30	\$75.98	\$878.62	\$954.60	\$973.69
Preferred Choice Dental	Single	\$0.00	\$24.15	\$24.15	\$0.00	\$48.30	\$48.30	\$49.27
	Double	\$2.61	\$28.06	\$30.67	\$5.21	\$56.12	\$61.33	\$62.56
	Family	\$8.20	\$36.45	\$44.65	\$16.40	\$72.90	\$89.30	\$91.09
Vision Plan I	Single	\$0.00	\$2.50	\$2.50	\$0.00	\$5.00	\$5.00	
	Double	\$1.00	\$4.00	\$5.00	\$2.00	\$8.00	\$10.00	
	Family	\$3.00	\$7.00	\$10.00	\$6.00	\$14.00	\$20.00	
Basic Life	Employee	\$0.00	\$6.50	\$6.50	\$0.00	\$13.00	\$13.00	
	Dependent	\$0.35	\$0.53	\$0.88	\$0.70	\$1.05	\$1.75	
Basic AD&D	Employee	\$0.00	\$0.88	\$0.88	\$0.00	\$1.75	\$1.75	
	Family	\$0.00	\$1.70	\$1.70	\$0.00	\$3.40	\$3.40	
Emp Assist Program		\$0.00	\$1.70	\$1.70	\$0.00	\$3.40	\$3.40	
Short Term Disability	Employee	\$1.50	\$9.45	\$10.95	\$3.00	\$18.90	\$21.90	

HEALTH INSURANCE WAIVER PAYBACK W/ PROOF OF OTHER INSURANCE = \$2544

	City URS %	City 401K %	Max Emp 401K %	401K Allowed Catch-up for Age 50 and over
URS Non-Contributory	11.62%	8.00%	\$15,500.00	\$5,000.00
URS Contributory	13.61%	8.00%	\$15,500.00	\$5,000.00
Public Safety Non-Contributory	22.61%	0.00%	\$15,500.00	\$5,000.00