



Associate Contributions

Bi-Weekly Contributions for 2009

Full-Time Associates

Medical Plan

The table at right shows the bi-weekly contributions that *Full-Time associates* will pay for Medical coverage in 2009. The contributions you pay will be based on three factors:

- The coverage option you choose—the PPO/Deductible Reimbursement Plan (DRP), the High Deductible Health Plan (HDHP) or the Health Maintenance Organization (HMO)
- The level of coverage you choose—single, associate + child(ren), associate + spouse/domestic partner (DP) or family, and
- Your years of benefits-eligible service as of January 1, 2009.

As you can see, with service-based contributions, the more years of benefits-eligible service you have, the lower the premium contributions you'll pay for Medical coverage.

	PPO/DRP \$1,000 deductible	HDHP \$2,000 deductible	HMO
If you have less than 2 year of benefits-eligible service			
Single	\$81	\$48	\$62
Associate + child(ren)	\$145	\$86	\$111
Associate + spouse/DP	\$161	\$95	\$123
Family*	\$242	\$143	\$191
Beginning your 3rd year of benefits-eligible service			
Single	\$57	\$34	\$44
Associate + child(ren)	\$103	\$61	\$79
Associate + spouse/DP	\$115	\$68	\$88
Family*	\$172	\$102	\$136
Beginning your 11th year of benefits-eligible service			
Single	\$48	\$28	\$37
Associate + child(ren)	\$86	\$51	\$66
Associate + spouse/DP	\$96	\$57	\$73
Family*	\$144	\$85	\$113

* Family coverage applies if you enroll BOTH a child (or children) AND a spouse or domestic partner for coverage.

Dental Plan

Bi-weekly contributions for 2009 for Dental coverage under the MetLife Preferred Dentist Program (MetLife PDP), Met Life Preferred Dentist Program with Orthodontia (MetLife PDP with Orthodontia) and First Commonwealth/Guardian Dental Health Maintenance Organization (Dental HMO) are shown in the table above.

	MetLife PDP	MetLife PDP with Orthodontia	Dental HMO
Single	\$5.83	\$6.65	\$2.50
Associate + 1	\$11.66	\$13.82	\$5.00
Family	\$17.49	\$23.20	\$7.50

Vision Plan

Bi-weekly contributions for 2009 for Vision coverage under the EyeMed Vision Care Plan are shown in the table at right.

	EyeMed Vision Care Plan
Single	\$3.50
Associate + 1	\$6.61
Family	\$9.73

Pre-Tax Contributions

Contributions for Medical, Dental and Vision coverage will be deducted from your pay each pay period on a pre-tax basis. This means that your cost for coverage is deducted from your pay before federal, state and Social Security taxes are calculated. This reduces your taxable income and, in turn, the taxes you pay.

If you'd like more information about pre-tax contributions—how they work and how they can benefit you—see the Welfare Benefits Plan Summary booklet.