



# Associate Contributions

January 2010

Full-Time Associates

## Medical Plan

The table below shows the bi-weekly contributions that **Full-Time associates** will pay for medical coverage in 2010. The contributions you pay will be based on three factors:

- The coverage option you choose—the PPO/Deductible Reimbursement Plan (PPO/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, 2010.

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	HDHP	HMO
<b>If you have less than 2 years of benefits-eligible service</b>			
Single	\$83	\$55	\$69
Associate + child(ren)	\$150	\$99	\$124
Associate + spouse/DP	\$167	\$110	\$137
Family*	\$250	\$165	\$213
<b>Beginning your 3rd year of benefits-eligible service</b>			
Single	\$59	\$39	\$49
Associate + child(ren)	\$107	\$70	\$88
Associate + spouse/DP	\$119	\$78	\$98
Family*	\$178	\$117	\$151
<b>Beginning your 11th year of benefits-eligible service</b>			
Single	\$49	\$33	\$41
Associate + child(ren)	\$89	\$59	\$73
Associate + spouse/DP	\$99	\$65	\$82
Family*	\$148	\$98	\$126

\* 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 2010 for dental coverage under the MetLife Preferred Dentist Program (MetLife PDP), MetLife Preferred Dentist Program with Orthodontia (MetLife PDP with Orthodontia) and First Commonwealth/Guardian Dental Health Maintenance Organization (Dental HMO) are shown in the table below.

	MetLife PDP	MetLife PDP with Orthodontia	Dental HMO
Single	\$6.41	\$7.32	\$2.63
Associate + 1	\$12.83	\$15.20	\$5.25
Family	\$19.24	\$25.52	\$7.88

## Vision Plan

Bi-weekly contributions for 2010 for vision coverage under the EyeMed Vision Care Plan are shown in the table below.

	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.