



Health Insurance Rates

2009 -2010

Plan		Monthly Premium	College Shared Monthly Cost*	Employee Shared Monthly Cost	for comparison		
					08/09 Monthly Employee Share	\$ Increase	% Increase
HMO Blue	Individual	\$403.00	\$302.25	\$100.75	\$166.58	(\$65.83)	-39.5%
	Family	\$1,055.88	\$791.91	\$263.97	\$436.93	(\$172.96)	-39.6%
Blue Choice New England (POS)	Individual	\$548.09	\$302.25	\$245.84	\$357.64	(\$111.80)	-31.3%
	Family	\$1,436.00	\$791.91	\$644.09	\$937.35	(\$293.26)	-31.3%
Blue Care Elect (PPO)	Individual	\$612.57	\$302.25	\$310.32	180.77	\$129.55	71.7%
	Family	\$1,604.94	\$791.91	\$813.03	474.13	\$338.90	71.5%

* Cost sharing is based on an employee's full time equivalency (FTE). For employees with an FTE of 80% and above, the College will contribute 75% of the HMO Blue premium (which is the plan with the highest enrollment) for either single or family coverage. Cost sharing for employees with an FTE of <80% is based on a sliding scale.

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Dental Rates for 2009/2010

	Monthly Premium	College Shared Monthly Cost	Employee Shared Monthly Cost	08/09		
				Monthly EE share	\$ Difference	% Difference
Individual	\$27.52	\$20.64	\$6.88	8.68	(\$1.80)	-20.7%
Family	\$85.31	\$20.64	\$64.67	70.11	(\$5.44)	-7.8%

Preventative - Type I
<ul style="list-style-type: none"> * Oral Exams * X-Rays * Teeth cleaning * Fluoride treatments * Sealants -

Basic Restorative - Type II
<ul style="list-style-type: none"> * Fillings * Simple & Surgical Extractions when rendered in office - not covered when rendered in a surgical day care or hospital setting * Periodontal Surgery * Scaling & Root Planing * Root Canal * Bridge or Denture repair

Major Restorative - Type III Covered at 50%
<ul style="list-style-type: none"> * Dentures * Crowns

Calendar Year Max of \$1000/Person - Rollover Max Available - Limitations Apply - Deductible of \$50/Person; Max \$150/Family per Calendar Year on Type II & III Services

Metropolitan Life Insurance Company

Supplemental Life Insurance Rates for 2009/2010

Long Term Disability Buy Up Options/Rates

Age Bracket	Cost / \$1000 of Coverage
< 30 years	0.06
30-34	0.08
35-39	0.09
40-44	0.11
45-49	0.16
50-54	0.25
55-59	0.42
60-64	0.57
65-69	1.06
70+	1.71

Level of Coverage	Rate Factor
40% income replacement	Paid by MHC
50% income replacement	0.0026
60% income replacement	0.0027
66.66% income replacement	0.00307

For 2009/10, you may elect to retain your current level of Supplemental Life Insurance or you may opt to purchase coverage equal to 1-5 times your salary. There is a maximum of \$500,000 in coverage.

Long term disability insurance provides a portion of your income if you become disabled for an extended period of time. This insurance coverage begins after you have been disabled for a period of 6 months or more.