

**LEAVE RATE SCHEDULE
100% ACTIVE EMPLOYEE RATE**

Effective January 1, 2010

		Component Cost	
		MONTHLY	ANNUAL
CareFirst BlueChoice POS	IND	418.49	5,021.88
	2	836.95	10,043.40
	FAM	1,138.78	13,665.36
United Healthcare Select Plus Open POS	IND	407.57	4,890.84
	2	815.12	9,781.44
	FAM	1,109.08	13,308.96
United Healthcare Select Plus Closed POS	IND	646.35	7,756.20
	2	1,292.70	15,512.40
	FAM	1,758.69	21,104.28
CareFirst BlueChoice HMO	IND	275.29	3,303.48
	2	517.41	6,208.92
	FAM	847.68	10,172.16
Kaiser HMO	IND	370.86	4,450.32
	2	740.08	8,880.96
	FAM	1,072.37	12,868.44
UnitedHealthcare Select HMO	IND	366.38	4,396.56
	2	688.64	8,263.68
	FAM	1,128.21	13,538.52
Caremark Prescription	IND	128.70	1,544.40
	2	257.12	3,085.44
	FAM	317.30	3,807.60
Kaiser Prescription	IND	57.77	693.24
	2	115.34	1,384.08
	FAM	167.14	2,005.68
Aetna PPO Dental	IND	32.23	386.76
	2	64.50	774.00
	FAM	94.75	1,137.00
Aetna HMO Dental	IND	22.90	274.80
	2	45.82	549.84
	FAM	67.34	808.08
NVA Vision	IND	1.00	12.00
	2	1.84	22.08
	FAM	2.33	27.96