

## Community Partnership for Children

### EMPLOYEE BENEFIT LISTING AND BIWEEKLY COST SHEET EFFECTIVE 10/01/2009 to 09/30/2010

WAITING PERIOD: 1st of month following 30 days

<b>Blue Cross Blue Shield Blue Options Health Plans</b>	Employee	Employee & Spouse	Employee & Child(ren)	Family
Blue Cross Blue Shield - Plan 1750	\$0.00	\$119.60	\$98.33	\$243.33
Blue Cross Blue Shield - Plan 1755	\$0.00	\$120.04	\$98.72	\$244.01
Blue Cross Blue Shield - Plan 1767	\$2.75	\$125.73	\$103.90	\$252.74
Health Plan 1160 + 1161 (HSA)	\$0.00	\$0.00	\$0.00	\$3.63
HSA Deposit from Employer	\$77.89	\$36.68	\$43.61	\$0.00
<b>Blue Cross Blue Shield Dental Plan</b>				
	Employee	Employee & Spouse	Employee & Child(ren)	Family
Employee Payroll Deduction (Bi-weekly)	\$8.82	\$16.14	\$17.61	\$24.16
<b>Safeguard Vision Plan</b>				
	Employee			Family
Employee Payroll Deduction (Bi-weekly)	\$3.22			\$7.78
<b>Mutual of Omaha Long Term Disability</b>				
		<b>100% Employer Paid</b>		
180 day waiting period				
<b>Blue Cross Blue Shield Group Life</b>				
		<b>100% Employer Paid</b>		
1x Annual Salary				
<b>Blue Cross Blue Shield Voluntary Life</b>				
Voluntary coverage available to cover employee, their spouse and children				
<b>John Hancock 401k</b>				
Available to all full time employees after one hour of service after age 21				
<b>Flexible Spending Accounts</b>				
Medical & Dependent Care				
<b>Aflac Voluntary Products</b>				
Accident, Cancer, Disability, Hospital, Intensive Care      Chosen by employee				
<b>Horizon Health Employee Assistance Group</b>				
		<b>100% Employer Paid</b>		
Provides emotional, legal and financial counseling to all immediate members of an employee's family				