

**2009 Cost Sheet –Monthly Deductions**

Your payroll deductions for your medical and dental coverage will be taken on a pre-tax basis. Life Insurance deductions are taken on a post-tax basis.

***Medical Coverage***

***Cigna Open Access Plus***

Single \$76.55    Family \$259.53

***Cigna Network POS***

Single \$77.48    Family \$318.64

***Blue Cross & Blue Shield Blue Advantage***

Single \$59.67    Family \$202.87

***Blue Cross & Blue Shield HMO Illinois***

Single \$67.05    Family \$227.95

***Dental Coverage***

***Cigna Dental PPO***

Single \$9.36    Family \$48.47

***Cigna Dental Health HMO***

Single \$10.32    Family \$29.36

***Life Insurance***

**Basic** *(one times annual base pay rounded to nearest \$1,000, \$400,000 maximum)* Full cost paid by FRA

***Supplemental Life Insurance***

Evidence of insurability required for amounts above \$500,000 and for Supplemental III and IV

**Supplemental I** *(additional one times your annual base pay rounded to nearest \$1,000)*

**Supplemental II** *(additional two times your annual base pay rounded to nearest \$1,000)*

**Supplemental III** *(additional three times your annual base pay rounded to nearest \$1,000)*

**Supplemental IV** *(additional four times your annual base pay rounded to nearest \$1,000)*

<i>Employee Age</i>	<i>Cost per \$1,000 of coverage</i>	<i>Employee Age</i>	<i>Cost per \$1,000 of coverage</i>
Under 30	.04	50 to 54	.21
30 to 34	.06	55 to 59	.38
35 to 39	.07	60 to 64	.55
40 to 44	.09	65 to 69	.88
45 to 49	.13	70 & Over	1.46

***Dependent Life Insurance Coverage***

**Option A**                      Spouse \$5,000    Children \$2,000                      .663

**Option B**                      Spouse \$10,000    Children \$4,000                      1.309

***Accidental Death and Dismemberment***

**Basic** *(one times annual base pay rounded to nearest \$1,000, \$12,500 maximum)* Full cost paid by FRA

***Long Term Disability***

**Basic**                      .3588% of basic monthly salary (maximum \$71.76)