

**SUMMARIES OF MONTHLY INSURANCE PREMIUMS,
*BENEFIT ALLOCATION AND EMPLOYEE PAYROLL DEDUCTIONS**

BELLINGHAM ADMINISTRATORS' ORGANIZATION (BAO) 2009-2010

Subscriber Only

<i>Insurance Type</i>	<i>Regence Modified Copay</i>	<i>Regence WEIC Engage 80</i>	<i>Regence WEIC High Option</i>	<i>Regence WEIC Innova 500</i>	<i>Group Health Traditional</i>	<i>Group Health Deductible Welcome</i>	<i>Premera Blue Cross PPO 1</i>	<i>Premera Blue Cross PPO 2</i>
Dental**	117.45	117.45	117.45	117.45	117.45	117.45	117.45	117.45
Vision	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Life Insurance	6.55	6.55	6.55	6.55	6.55	6.55	6.55	6.55
Subscriber Only	707.23	567.59	628.89	378.09	624.21	399.46	702.95	614.75
TOTAL	\$851.23	\$711.59	\$772.89	\$522.09	\$768.21	\$543.46	\$846.95	\$758.75
Benefit Allocation* (Based on 1.00 FTE)	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
Monthly Employee Payroll Deduction	\$101.23	\$0.00	\$22.89	\$0.00	\$18.21	\$0.00	\$96.95	\$8.75

Subscriber / Spouse

<i>Insurance Type</i>	<i>Regence Modified Copay</i>	<i>Regence WEIC Engage 80</i>	<i>Regence WEIC High Option</i>	<i>Regence WEIC Innova 500</i>	<i>Group Health Traditional</i>	<i>Group Health Deductible Welcome</i>	<i>Premera Blue Cross PPO 1</i>	<i>Premera Blue Cross PPO 2</i>
Dental**	117.45	117.45	117.45	117.45	117.45	117.45	117.45	117.45
Vision	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Life Insurance	6.55	6.55	6.55	6.55	6.55	6.55	6.55	6.55
Subscriber / Spouse	1,356.19	1,086.77	1,205.85	725.77	1,198.83	766.84	1,337.20	1,193.45
TOTAL	\$1,500.19	\$1,230.77	\$1,349.85	\$869.77	\$1,342.83	\$910.84	\$1,481.20	\$1,337.45
Benefit Allocation* (Based on 1.00 FTE)	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
Monthly Employee Payroll Deduction	\$750.19	\$480.77	\$599.85	\$119.77	\$592.83	\$160.84	\$731.20	\$587.45

*Based on 1.00 FTE - allocation and monthly employee payroll deductions prorated according to FTE.

**The dental selection chosen for these charts is Washington Dental Service. If you choose Willamette Dental, there is an additional \$44.40 available for benefits.

Summaries of Monthly Insurance Premium, *Benefit Allocation
And Employee Payroll Deductions – BAO – 2009-2010 (Continued)

Subscriber / Child(ren)

<i>Insurance Type</i>	<i>Regence Modified Copay</i>	<i>Regence WEIC Engage 80</i>	<i>Regence WEIC High Option</i>	<i>Regence WEIC Innova 500</i>	<i>Group Health Traditional</i>	<i>Group Health Deductible Welcome</i>	<i>Premera Blue Cross PPO 1</i>	<i>Premera Blue Cross PPO 2</i>
Dental**	117.45	117.45	117.45	117.45	117.45	117.45	117.45	117.45
Vision	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Life Insurance	6.55	6.55	6.55	6.55	6.55	6.55	6.55	6.55
Subscriber / Child(ren)	994.14	796.27	884.02	586.38	952.47	609.35	984.95	859.75
TOTAL	\$1,138.14	\$940.27	\$1,028.02	\$730.38	\$1,096.47	\$753.35	\$1,128.95	\$1,003.75
Benefit Allocation* (Based on 1.00 FTE)	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
Monthly Employee Payroll Deduction	\$388.14	\$190.27	\$278.02	\$0.00	\$346.47	\$3.35	\$378.95	\$253.75

Subscriber / Spouse / Child(ren)

<i>Insurance Type</i>	<i>Regence Modified Copay</i>	<i>Regence WEIC Engage 80</i>	<i>Regence WEIC High Option</i>	<i>Regence WEIC Innova 500</i>	<i>Group Health Traditional</i>	<i>Group Health Deductible Welcome</i>	<i>Premera Blue Cross PPO 1</i>	<i>Premera Blue Cross PPO 2</i>
Dental**	117.45	117.45	117.45	117.45	117.45	117.45	117.45	117.45
Vision	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Life Insurance	6.55	6.55	6.55	6.55	6.55	6.55	6.55	6.55
Subscriber / Spouse / Child(ren)	1,643.10	1,315.45	1,460.98	934.06	1,526.06	976.11	1,650.15	1,438.45
TOTAL	\$1,787.10	\$1,459.45	\$1,604.98	\$1,078.06	\$1,670.06	\$1,120.11	\$1,794.15	\$1,582.45
Benefit Allocation* (Based on 1.00 FTE)	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
Monthly Employee Payroll Deduction	\$1,037.10	\$709.45	\$854.98	\$328.06	\$920.06	\$370.11	\$1,044.15	\$832.45

*Based on 1.00 FTE - allocation and monthly employee payroll deductions prorated according to FTE.

**The dental selection chosen for these charts is Washington Dental Service. If you choose Willamette Dental, there is an additional \$44.40 available for benefits.