

**LAFAYETTE COLLEGE MEDICAL/DENTAL
INSURANCE PREMIUM RATES
MONTHLY PAYROLL DEDUCTIONS
FOR ACTIVE EMPLOYEES
Beginning January 2009**

M O N T H L Y

	TOTAL PREMIUM	COLLEGE CONTRIB.	EMPLOYEE CONTRIB.
<u>Capital BlueCross PPO Plan</u>			
INDIVIDUAL	\$376.60	338.94	37.66
HUSBAND/WIFE	1,033.04	798.46	234.58
PARENT/CHILD	880.12	691.40	188.72
PARENT/CHILDREN	924.88	722.74	202.14
FAMILY	1,081.52	832.38	249.14
 <u>KEYSTONE HMO</u>			
INDIVIDUAL	\$363.96	327.56	36.40
HUSBAND/WIFE	1004.52	807.98	196.54
PARENT/CHILD	855.30	696.08	159.22
PARENT/CHILDREN	898.97	728.83	170.14
FAMILY	1051.84	843.48	208.36
 <u>UNITED CONCORDIA - CONCORDIA FLEX</u>			
SINGLE COVERAGE	\$29.08		
TWO-PARTY	58.15		
FAMILY	75.19		