$1000 PLAN	Class of Coverage	2010 Total Premium	Amount Paid By County	Employee Monthly Premium
UHC	Employee Only	$ 540.25	$ 405.19	$ 135.06
	Employee & One Dependent	$ 991.05	$ 644.18	$ 346.87
	Employee & Two or More Dependents	$ 1,335.81	$ 868.27	$ 467.54
	Dependent Only	$ 450.80	$ 293.02	$ 157.78
	Family Only	$ 795.56	$ 517.11	$ 278.45
Metlife	Employee Only	$ 23.29	$ 19.80	$ 3.49
	Employee & One Dependent	$ 60.23	$ 48.18	$ 12.05
	Employee & Two or More Dependents	$ 60.23	$ 48.18	$ 12.05
	Dependent Only	$ 36.94	$ 29.55	$ 7.39
	Family Only	$ 36.94	$ 29.55	$ 7.39
Total Medical and Dental Premiums				
	Employee Only			$ 138.55
	Employee & One Dependent			$ 358.92
	Employee & Two or More Dependents			$ 479.59
	One Dependent Only			$ 165.17
	Family Only			$ 285.83

Monthly Rate w/ Vision	Monthly Vision Premium
$ 140.37	
$ 355.46	
$ 480.77	
$ 163.09	
$ 291.68	
$ 143.86	$ 5.31
$ 367.51	$ 8.59
$ 492.82	$ 13.23
$ 170.48	$ 5.31
$ 299.06	$ 13.23