

US ALL

Employee Only
Employee + Spouse
Employee + Child
Employee + Family

CMSE/CAE/CPRE/CCS			
AETNA Domestic Health and Vision Plan Rates			
Effective Date		January 1 2010	
	Monthly Contribution		Semi Monthly
	\$ -		\$ -
	\$ 399.53		\$ 199.77
	\$ 319.58		\$ 159.79
	\$ 638.67		\$ 319.34

US ALL

Employee Only
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Employee + Family

CMSE/CAE/CPRE/CCS			
AETNA Domestic Dental Plan Rates			
Effective Date		January 1 2010	
	Monthly Contribution		Semi Monthly
	\$ -		\$ -
	\$ 29.85		\$ 14.93
	\$ 26.86		\$ 13.43
	\$ 56.70		\$ 28.35

OK EMP ONLY

Employee Only
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CMSE/CAE/CPRE/CCS			
OK DELTA DENTAL Plan Rates			
Effective Date		January 1 2010	
	Monthly Contribution		Semi Monthly
	\$ -		\$ -
	\$ 26.48		\$ 13.24
	\$ 34.42		\$ 17.21
	\$ 60.90		\$ 30.45