

# 2009 Weekly Health Insurance Rates

Full-time Medical Plans <small>(Plan availability is based on geographic location)</small>	Weekly cost for Associates with <i>at least</i> 3 months of service (Company contribution applies)			
	Assoc. Only	Assoc. & Spouse	Assoc. & Child(ren)	Assoc. & Spouse & Child(ren)
United 350*	\$19.82	\$46.57	\$39.64	\$59.45
Select 350*	\$19.82	\$46.57	\$39.64	\$59.45
SafeNet*	\$14.05	\$33.02	\$28.10	\$42.15
Southern California Kaiser HMO	\$16.81	\$36.99	\$33.62	\$50.44

\*Additional weekly charge of \$6.10 for each covered smoker up to three smokers or a weekly maximum of \$18.30

## Weekly Starbridge Health Plan Rates

Available to all U.S. and Puerto Rico Part-time Associates, and Full-time Associates during their first 6 months of service.

Plans	Assoc. Only	Assoc. & Spouse	Assoc. & Child(ren)	Assoc. & Spouse & Child(ren)
Medical Level 1	\$9.80	\$21.56	\$24.99	\$36.45
Medical Level 2	\$17.89	\$39.35	\$45.61	\$66.54
Medical Level 3	\$27.26	\$59.97	\$69.51	\$101.40
Dental / Vision	\$4.25	\$8.25	\$7.60	\$12.68

## Weekly Dental and Vision Rates

(Available to eligible Full-time Associates)

Plans	Assoc. Only	Assoc. & Spouse	Assoc. & Child(ren)	Assoc. & Spouse & Child(ren)
Delta Dental	\$2.93	\$6.12	\$5.99	\$10.28
EyeMed Vision	\$1.50	\$2.55	\$2.92	\$4.32

**See Other Side for Life and Disability Insurance Rates**

# 2009 Weekly Life & Disability Insurance Rates

## Long-term Disability

### Weekly Cost for Full-time Associates

The plan provides 60 percent income replacement, which is non-taxable. Rates are per \$100 covered pay. Use the following formula to calculate your weekly cost:

#### Example:

- 36-year-old Associate making \$35,000/year:
- Covered pay divided by 12:  $\$35,000 / 12 = \$2,916.66$
  - Divide the result by 100:  $\$2,916.66 / 100 = 29.16$
  - Multiply the result by rate below for 36-year-old Store Manager:  
 $29.16 \times 0.24 = \$6.99$  (monthly cost)
  - Multiply the result by 12:  $6.99 \times 12 = 83.99$
  - Divide by 52:  $83.99 / 52 = \$1.61$  weekly cost

Exempt FT Associates Non-Stores ONLY (up to \$20,000/mo. max. benefit)		All FT Hourly Associates and Store Managers (up to \$3,000/mo. max. benefit)	
Age	Monthly Rate per \$100	Age	Monthly Rate per \$100
<25	\$0.22	<25	\$0.11
25-29	\$0.30	25-29	\$0.15
30-34	\$0.38	30-34	\$0.18
35-39	\$0.50	35-39	\$0.24
40-44	\$0.76	40-44	\$0.37
45-49	\$0.96	45-49	\$0.48
50-54	\$1.26	50-54	\$0.61
55-59	\$1.64	55-59	\$0.80
60+	\$1.47	60+	\$0.72

## Optional Life Insurance

### Weekly Cost for Full-time Associates

These costs are for one times covered pay. You can calculate your weekly rate using the following formula:

#### Example:

36-year-old making \$35,000 and electing one times covered pay.

- Covered pay divided by \$1,000:  
 $\$35,000 / 1,000 = 35$
- Multiply result by rate for 36-year-old from the chart:  
 $35 \times 0.018 = \$0.63$  weekly cost

Life Insurance Weekly Rate Per \$1,000 of covered pay:	
Age	Weekly Rate
<30	\$0.010
30-34	\$0.014
35-39	\$0.018
40-44	\$0.027
45-49	\$0.039
50-54	\$0.057
55-59	\$0.095
60-64	\$0.136
65-69	\$0.213
70+	\$0.471

## Dependent Life Insurance

### Weekly Cost for Full-time Associates

Dependent Life Insurance provides coverage options for your spouse and children. For children, you pay one rate according to the coverage amount selected, regardless of how many children you have.

Dependent	Coverage Amount	Weekly Rate
Spouse	\$5,000	\$0.157
Spouse	\$10,000	\$0.314
Spouse	\$25,000	\$0.808
Children	\$2,500	\$0.046
Children	\$5,000	\$0.097

See Other Side for Health Rates