

2009 Weekly Health Insurance Rates

Full-time Medical Plans (Plan availability is based on geographic location)	Weekly cost for Associates with <u>at least</u> 6 months of service (Company contribution applies)				Weekly cost for Associates with <u>less than</u> 6 months of service (Associate pays full cost)			
	Assoc. Only	Assoc. & Spouse	Assoc. & Child(ren)	Assoc. & Spouse & Child(ren)	Assoc. Only	Assoc. & Spouse	Assoc. & Child(ren)	Assoc. & Spouse & Child(ren)
United 350*	\$25.76	\$61.42	\$52.17	\$78.59	\$66.05	\$155.21	\$132.09	\$198.14
Select 350*	\$25.76	\$61.42	\$52.17	\$78.59	\$66.05	\$155.21	\$132.09	\$198.14
Cigna 350* (Kansas Only)	\$25.76	\$61.42	\$52.17	\$78.59	\$66.05	\$155.21	\$132.09	\$198.14
SafeNet*	\$19.99	\$47.86	\$40.64	\$61.29	\$60.28	\$141.65	\$120.55	\$180.83
Northern California Kaiser	\$32.00	\$71.33	\$64.78	\$97.55	\$77.30	\$170.06	\$154.60	\$231.90
Southern California Kaiser	\$23.20	\$51.72	\$46.96	\$70.73	\$56.04	\$123.29	\$112.08	\$168.13
Triple-S (Puerto Rico & Virgin Islands Only)	\$13.10	\$26.49	\$25.17	\$39.95	\$29.98	\$59.62	\$56.65	\$89.26
Takecare (FT Guam/Saipan Only)	\$17.11	\$34.66	\$32.91	\$69.77	\$43.87	\$87.75	\$83.36	\$175.50
Takecare (PT Guam/Saipan Only)	\$43.87	\$87.75	\$83.36	\$175.50	\$43.87	\$87.75	\$83.36	\$175.50

*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 Hawaii Medical and Dental Rates

Plans	Assoc. Only	Assoc. & Spouse	Assoc. & Child(ren)	Assoc. & Spouse & Child(ren)
Full-Time				
HMSA CompMed	\$27.87	\$57.97	\$50.17	\$72.47
HMSA HMO	\$27.63	\$57.48	\$49.74	\$71.85
Part-Time				
HMSA CompMed	\$27.87	\$103.13	\$83.62	\$139.36
HMSA HMO	\$27.63	\$102.25	\$82.90	\$138.17

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 (<6 months of service)	\$5.85	\$12.24	\$11.97	\$20.56
Delta Dental (>6 months of service)	\$5.20	\$11.25	\$11.00	\$19.24
EyeMed Vision	\$1.50	\$2.55	\$2.92	\$4.32
Takecare Dental (All PT, FT <6 months)	\$13.43	\$26.86	\$25.51	\$35.45
Takecare Dental (FT >6 months)	\$11.94	\$24.68	\$23.44	\$33.18

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 Store Manager 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

Stores Short-term Disability

The plan provides 60 percent income replacement for Store Managers and Full-time Store Associates.

Weekly Cost: \$1.52 per \$10,000 of covered annual pay

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