2012 POL MEDICAL BENEFITS
SUMMARY OF BENEFITS / PREMIUMS

DELTA DENTAL	VSP VISION	HARTFORD LIFE / DISABILITY
$25 Deductible / $75 Max per Family	$10 Copay - Eye Exam (1 every 12 months)	Life Ins = 2X Base Salary
100% - Diagnostic / Preventive	$25 Glasses	$5000 Spouse / $1000 Child
80% Restorative Services	No Copay for Contacts	STD - 60% of Wages
80% Basic Services	Must use VSP Doctors	LTD - 50% of Wages
50% Orthodontic Services Adult and Child ($1000 Max per family member)		Supplemental Life may be purchased; rates depend on age and salary

EMPLOYEE CONTRIBUTION RATES PER PAY PERIOD

	DELTA DENTAL	VSP VISION	HARTFORD LIFE / DISABILITY
Employee Only	$ 5.90	$ 1.67	No Charge for STD / LTD; $.75 per pay period for dedendant life; Supplemental life may be purchased for employee - rates depend on age and salary
Employee & Spouse	$ 12.64	(Employee + 1) $2.47	
Employee & Child(ren)	$ 10.89		
Employee & Family	$ 21.62	$ 4.45	