

PREMIUMS

Effective July 1, 2009 through June 30, 2010

	LSU FIRST (CIGNA)		Group Benefits		
	Option 1	Option 2	PPO	EPO (administered by United Health Care)	Humana HMO
	Mthly / Bi-wkly	Mthly / Bi-wkly	Mthly / Bi-wkly	Mthly / Bi-wkly	Mthly / Bi-wkly
Employee Only	\$133.10 / \$ 66.55	\$115.08 / \$ 57.54	\$139.66 / \$ 69.83	\$162.06 / \$ 81.03	\$134.08 / \$ 67.04
Employee & Spouse	\$341.82 / \$170.91	\$295.54 / \$147.77	\$453.62 / \$226.81	\$501.10 / \$250.55	\$435.46 / \$217.73
Employee & Child(ren)	\$193.52 / \$ 96.76	\$176.76 / \$ 88.38	\$201.00 / \$100.50	\$228.28 / \$114.14	\$192.96 / \$ 96.48
Family	\$434.68 / \$217.34	\$381.64 / \$190.82	\$486.04 / \$243.02	\$536.08 / \$268.04	\$466.58 / \$233.29
	Ameritas Dental (Option 1 - Enhanced)	Ameritas Dental (Option 2 - Basic)	Always Vision		
	Mthly / Bi-wkly	Mthly / Bi-wkly	Mthly / Bi-wkly		
Employee Only	\$ 28.08 / \$ 14.04	\$ 16.72 / \$ 8.36	\$ 8.29 / \$ 4.15		
Employee & Spouse	\$ 55.20 / \$ 27.60	\$ 31.64 / \$ 15.82	\$ 13.96 / \$ 6.98		
Employee & Child(ren)	\$ 67.16 / \$ 33.58	\$ 43.84 / \$ 21.92	\$ 14.26 / \$ 7.13		
Family	\$ 94.28 / \$ 47.14	\$ 58.76 / \$ 29.38	\$ 22.98 / \$ 11.49		