INSURANCE INFORMATION
Effective 2008

HEALTH		TAXSAVER IN	TAXSAVER OUT	TABLE NUMBER	PREMIUM AMOUNT	DOE CODE	TABLE NUMBER	PREMIUM AMOUNT
HSA 1	Single	Z8	n/a	n/a	variable	ZL	80	52.89
	Family	Z9	n/a	n/a	variable	ZM	81	105.77
HSA 2	Single	Z3	n/a	n/a	variable	ZP	84	35.97
	Family	Z4	n/a	n/a	variable	ZR	85	71.93
HDHP 1	Single	No emp contribution		n/a	n/a	ZJ	82	118.52
	Family	No emp contribution		n/a	n/a	ZK	83	365.57
HDHP 2	Single	W6	W7	35	15.97	ZT	86	135.44
	Family	W8	W9	36	43.58	ZU	87	399.42
Anthem Trad 2	Single	F6	F7	31	56.13	ET	33	171.40
	Family	F8	F9	32	154.37	EU	34	471.34
Welborn	Single	H3	M3	10	16.04	CM	12	171.40
	Family	H4	M4	11	44.66	CN	13	471.34
DENTAL								
Delta Dental	Single	No employee contribution				DE	60	9.43
	Family	No employee contribution				DF	61	26.73
VISION								
EyeMed	Single	No employee contribution				VL	75	1.76
	Family	VM	76	2.70		VL	75	1.76