

**INSURANCE RATES  
MONTHLY PREMIUMS  
EFFECTIVE 7/1/10**

**Broker:** ISEBA  
**Medical and Vision Exam:** Blue Cross Blue Shield of Iowa  
**Vision Materials:** Avesis  
**Stand Alone Vision:** Avesis  
**Dental:** Delta Dental

	Employee	Additional For Single	Additional For Employee+Spouse	Additional For Employee+Children	Additional For Family
<b>Medical</b>					
Ded \$750/\$1,500	\$461.72	N/A	\$483.88	\$412.32	\$955.30
Ded \$250/\$500	\$490.72	\$29.00	\$543.27	\$467.21	\$1,044.30
Ded \$1,500/\$3,000	\$409.70	(\$52.02)	\$377.35	\$313.84	\$795.65
**Includes Vision Exam					
<b>Vision Materials</b>	\$4.17	N/A	N/A	N/A	\$5.42
**Frames, Lenses, Contacts					
<b>Stand Alone Vision</b>	N/A	N/A	\$12.33	\$11.42	\$17.12
**Exam and Materials					
<b>Dental</b>	\$22.24	N/A	N/A	N/A	\$44.47

**Other Benefits:**  
 Life & A.D.D. .175 per thousand  
 LTD .0015\*gross