

# Employee Monthly Premiums 2007-2008

## **AETNA Choice POSII**

	<b>Employee</b>	<b>City</b>
Employee	\$0.00	\$405.76
Employee & Spouse	\$45.00	\$820.08
Employee & Child(ren)	\$45.00	\$615.98
Family	\$130.00	\$1056.86

## **Delta Dental of OK**

	<b>Employee</b>	<b>City</b>
Employee	\$0.00	\$27.70
Family	\$21.72	\$60.20

## **Vision Service Plan**

	<b>Employee</b>	<b>City</b>
Employee	\$0.00	\$9.80
Family	\$8.58	\$12.48

## **AETNA Group Term Life**

	<b>Employee</b>	<b>City</b>
Employee \$30,000	\$0.00	\$6.90
Employee \$30,000/\$5,000 Spouse and Dependent	\$0.00	\$8.28