

Attachment A to Informational Circular No. 02-P-016
 October 30, 2001

GROUP HEALTH INSURANCE	EMPLOYER	EMPLOYER	EMPLOYER	TOTAL	OBJECT CODE
(Semi-Monthly Rates)	MEDICAL	DRUG	DENTAL		
Full-Time Single Employee	\$89.90	\$18.24	\$7.82	\$115.96	1950
Part-Time Single Employee	\$73.53	\$14.93	\$6.40	\$94.86	1950
Full-Time Employee, Dependent Coverage	\$46.94	\$9.53	\$3.39	\$59.86	1750
Part-Time Employee, Dependent Coverage	\$39.16	\$7.95	\$3.25	\$50.36	1750