

MHN Compensation Changes - FY 2008-09

| <u>Agreement Number*</u> | | | <u>Cost per Employee w/ No Dependants</u> | <u>Cost with Single Dependant</u> | <u>Cost with Two+ Dependants</u> |
|------------------------------|------------|--------------------|---|---|--|
| 6178 | | <i>Former Cost</i> | \$9.63 | \$9.63 | \$9.63 |
| | | <i>New Cost</i> | \$9.82 | \$9.82 | \$9.82 |
| 6179 | B.H.C.** | <i>Former Cost</i> | \$4.72 | \$9.44 | \$13.74 |
| | | <i>New Cost</i> | \$4.81 | \$9.63 | \$14.01 |
| | EAP P.I.** | <i>Former Cost</i> | \$3.90 | \$7.80 | \$11.26 |
| | | <i>New Cost</i> | \$3.98 | \$7.95 | \$11.49 |
| 6180 | | <i>Former Cost</i> | \$4.72 | \$9.44 | \$13.74 |
| | | <i>New Cost</i> | \$4.81 | \$9.63 | \$14.01 |

* 6178 = EAP for all regular permanent EDC employees who do not have Blue Shield as their primary medical coverage and some outside agency employees.

* 6179 = Integrated coverage including EAP, Substance Abuse and Mental Health Services for all regular permanent employees who have Blue Shield as their primary medical coverage.

* 6180 = B.H.C. for former employees with Blue Shield COBRA coverage.

** DEFINITIONS

1. B.H.C. = Behavioral Healthcare Services: Chemical Dependency, Substance Abuse and/or Mental Healthcare Services.
2. EAP P.I. = Employee Assistance Program Program Integration