

2009 VALASSIS BENEFITS

Full Time Associates (Scheduled to Work 37.5 or more hours per week)						Part Time Associates (20 - 37.4 hrs/wk)		
Monthly Contributions			Per Pay Period Contributions			Monthly Contributions	Per Pay Period Contributions	
Hourly, Salaried Mgr & Below, Sales <= \$100,000*	Dir. & Above and Sales > \$100,000*		Weekly Paid Hourly Associates	Bi-Weekly Mgr & Below, and Sales <= \$100,000*	Dir. & Above and Sales > \$100,000*		Paid Weekly	Paid Bi-Weekly
BCBSM Buy-Up Plan								
Individual	\$71.57	\$91.09	\$16.20	\$33.03	\$42.04	\$107.36	\$24.31	\$49.55
Individual + 1	\$181.87	\$201.30	\$41.18	\$83.94	\$92.91	\$256.93	\$58.17	\$118.58
Family	\$227.74	\$250.51	\$51.56	\$105.11	\$115.62	\$308.32	\$69.81	\$142.30
BCBSM Basic Plan								
Individual	\$54.45	\$69.57	\$12.33	\$25.13	\$32.11	\$81.67	\$18.49	\$37.69
Individual + 1	\$126.33	\$163.34	\$28.60	\$58.31	\$75.39	\$189.45	\$42.89	\$87.44
Family	\$163.34	\$204.17	\$36.98	\$75.39	\$94.23	\$245.00	\$55.47	\$113.08
BC Health Choice Savings								
Individual	\$31.60	\$43.09	\$7.15	\$14.58	\$19.89	\$34.47	\$7.80	\$15.91
Individual + 1	\$100.99	\$107.57	\$22.87	\$46.61	\$49.65	\$109.41	\$24.77	\$50.50
Family	\$130.68	\$139.52	\$29.59	\$60.31	\$64.39	\$141.58	\$32.06	\$65.34
Cigna CT								
Individual	\$94.36	\$120.09	\$21.36	\$43.55	\$55.43	\$141.54	\$32.05	\$65.33
Individual + 1	\$187.45	\$229.11	\$42.44	\$86.52	\$105.74	\$281.17	\$63.66	\$129.77
Family	\$311.46	\$380.68	\$70.52	\$143.75	\$175.70	\$467.20	\$105.78	\$215.63
CIGNA Dental DMO								
Individual	\$2.80	\$2.80	\$0.63	\$1.29	\$1.29	\$4.60	\$1.04	\$2.12
Individual + 1	\$4.87	\$4.87	\$1.10	\$2.25	\$2.25	\$8.19	\$1.85	\$3.78
Family	\$8.70	\$8.70	\$1.97	\$4.02	\$4.02	\$14.65	\$3.32	\$6.76
CIGNA Dental Basic								
Individual	\$6.20	\$6.20	\$1.40	\$2.86	\$2.86	\$10.23	\$2.32	\$4.72
Individual + 1	\$11.76	\$11.76	\$2.66	\$5.43	\$5.43	\$19.88	\$4.50	\$9.17
Family	\$20.44	\$20.44	\$4.63	\$9.43	\$9.43	\$34.52	\$7.82	\$15.93
CIGNA Dental Buy Up								
Individual	\$14.24	\$14.24	\$3.22	\$6.57	\$6.57	\$18.19	\$4.12	\$8.39
Individual + 1	\$27.03	\$27.03	\$6.12	\$12.48	\$12.48	\$35.12	\$7.95	\$16.21
Family	\$46.93	\$46.93	\$10.63	\$21.66	\$21.66	\$60.99	\$13.81	\$28.15
Eye Med Vision / Voluntary Plan								
Individual	\$6.40	\$6.40	\$1.45	\$2.95	\$2.95	\$6.40	\$1.45	\$2.95
Individual + 1	\$12.58	\$12.58	\$2.85	\$5.81	\$5.81	\$12.58	\$2.85	\$5.81
Family	\$21.73	\$21.73	\$4.92	\$10.03	\$10.03	\$21.73	\$4.92	\$10.03

*For sales associates, pay is defined as base pay plus the average of the last two full years' commissions (and/or sales bonuses).