

**THE CINCINNATI FINANCIAL CORPORATION HEALTH
PLAN PREMIUMS**

Effective January 1, 2011

	Deductible	Bi-weekly Premium
Associate Only	\$1,500	\$14.12
Associate & Spouse	\$3,000	\$63.00
Associate & Child(ren)	\$3,000	\$58.15
Family	\$3000	\$79.97