

MONTHLY PREMIUMS FOR COBRA MEMBERS

New Rates for 2008

CHOICE PPO PLAN (80/20)

	Total Premium
Single	\$311.10 (\$305.00 + \$6.10)
Family	\$856.80 (\$840.00 + \$16.80)

2007 Rates

Total Premium
\$303.96
\$846.60

CHOICE PLUS PLAN (90/10)

	Total Premium
Single	\$510.00 (\$500.00 + \$10.00)
Family	\$1,275.00 (\$1,250.00 + \$25.00)

Total Premium
\$425.34
\$1,029.18

BASIC CHOICE PLAN (50/50)

	Total Premium
Single	\$279.99 (\$274.50 + \$5.49)
Family	\$685.44 (\$672.00 + \$13.44)

Total Premium
\$272.34
\$654.84

COPAY CHOICE PLAN

	Total Premium
Single	\$362.10 (\$355.00 + \$7.10)
Family	\$1,020.00 (\$1020.00 + \$20.00)

Total Premium
\$353.94
\$948.60

DENTAL CHOICE PLAN

	Total Premium
Single	\$96.90 (\$95.00 + \$1.90)
Family	\$173.40 (\$170.00 + \$3.40)

Total Premium
\$57.12
\$153.00

DENTAL CHOICE PLUS PLAN

	Total Premium
Single	\$112.20 (\$110.00 + \$2.20)
Family	\$255.00 (\$250.00 + \$5.00)

Total Premium
\$73.44
\$187.68

PREVENTATIVE CHOICE PLAN

	Total Premium
Single	\$87.21 (\$85.50 + \$1.71)
Family	\$144.84 (\$142.00 + \$2.84)

Total Premium
\$49.98
\$108.12

BASIC VISION PLAN

	Total Premium
Single	\$4.44 (\$4.35 + \$.09)
Family	\$6.93 (\$6.79 + \$.14)

Total Premium
\$4.44
\$10.25

VISION PLAN PLUS

	Total Premium
Single	\$6.48 (\$6.35 + \$.13)
Family	\$13.97 (\$13.70 + \$.27)

Total Premium
\$6.93
16.63