Group Insurance Rates 7-1-04 through 6-30-05

SUPPLEMENTAL LIFE RATES

Group	Age	Date of Birth			COST PER $10,000 COVERAGE Monthly	Pay Period
1	70 & Over	7-1- 34		Or Before	87.50	43.75
2	65-69	7-2- 34	TO	7-1- 39	22.40	11.20
3	60-64	7-2- 39	TO	7-1- 44	14.10	7.05
4	55-59	7-2- 44	TO	7-1- 49	9.40	4.70
5	50-54	7-2- 49	TO	7-1- 54	5.70	2.85
6	45-49	7-2- 54	TO	7-1- 59	3.60	1.80
7	40-44	7-2- 59	TO	7-1- 64	2.20	1.10
8	35-39	7-2- 64	TO	7-1- 69	1.70	0.85
9	30-34	7-2- 69	TO	7-1- 74	1.50	0.75
10	Under 30	7-2- 74	Or After		1.30	0.65

BASIC LIFE AND AD&D $3.05 FOR $10,000 (FU & AF);$7.63 FOR $25,000 (PU,PS,NU,CT)

ACCRUAL RATES FOR ACTIVE & RETIREES*

		Health	Dental	Optical
1	Employee	404.13	16.43	3.49
2	Employee & Spouse	854.34	32.86	7.09
3	Employee, Spouse, & Children	1,215.67	50.34	10.26
4	Employee & Child(ren)	765.42	33.93	6.67

EMPLOYEE HLTH CONTRIBUTION

NU/CT	AF	PU/FU	
14.26	20.20	10.00	
30.26	42.72	24.00	(OR $56)*
43.04	60.78	24.00	(OR $56)*
27.04	38.26	24.00	(OR $56)*

*Hired after 7-1-03 (PU) or 7-1-04 (FU)

ACCRUAL RATES FOR COBRA*

1	Employee	412.21	16.76	3.56
2	Employee & Spouse	871.43	33.52	7.23
3	Employee, Spouse, Children	1,239.98	51.35	10.47
4	Employee & Child(ren)	780.73	34.61	6.80
6	Spouse	459.21	16.76	3.67
7	Spouse & Child(ren)	827.77	34.59	6.91
8	Child(ren)	368.52	17.85	3.24

*Includes 2.75 PPO fee, 3.25 PreTreatment Rev, & .60 conversion fee

DEPENDENT LIFE

	Monthly	Payroll
Spouse Life	3.46	1.73
Dep Child Life	0.58	0.29
Spouse & Child Life	4.04	2.02

ASO (MONTHLY)

Health	19.46
Dental	5.98
Optical	4.51

LTD

Non-union	0.380	%
Clerical /Technical	0.600	%
Afscme	0.855	%

SPECIFIC EXCESS LOSS MONTHLY PREMIUM

Member (1-4)	18.99
Dependent (2-8)	45.30
Aggregate Loss (Annual)	23,130