Monthly Premium Rates & Benefit Allowance

Plan Year 2005 (January 2005 through December 2005)

	Employee	Employee & Spouse	Employee, Spouse & Child	Employee & One Child	Employee & Two or More Children	Employee, Spouse & Children
HealthChoice High	$313.86	$764.08	$ 921.18	$470.96	$564.26	$1,014.48
HealthChoice Basic	271.12	659.30	794.48	406.30	486.58	874.76
CommunityCare High	458.92	913.26	1,188.62	734.28	826.06	1,280.40
CommunityCare Low	345.02	686.60	893.62	552.04	621.04	962.62
CommunityCare Alternative	316.04	628.92	818.54	505.66	568.88	881.76
GlobalHealth High	367.06	730.46	950.70	587.30	660.72	1,024.12
GlobalHealth Low	313.96	624.78	813.16	502.34	565.14	875.96
GlobalHealth Alternative	277.96	553.14	719.92	444.74	500.34	775.52
HealthChoice Dental	$21.96	$43.92	$61.44	$39.48	$67.42	$89.38
Assurant Heritage Prepaid	11.74	20.60	28.20	19.34	26.94	35.80
Assurant Freedom	22.78	45.44	62.44	39.78	68.48	91.14
CIGNA Dental Prepaid	8.99	14.87	21.75	15.87	23.87	29.75
Delta Preferred DPO	23.84	47.68	67.32	43.48	75.27	99.11
Delta Choice DPO	17.44	34.88	49.26	31.82	55.08	72.52
CompBenefits	$6.98	$12.04	$15.61	$10.55	$11.44	$16.50
Primary Vision Care Svc.	9.00	16.50	24.50	17.00	19.00	26.50
Spectera	7.79	13.30	17.67	12.16	14.44	19.95
Superior Vision Services	6.98	13.88	20.46	13.56	13.56	20.46
Vision Service Plan (VSP)	9.14	14.62	20.40	14.92	20.40	25.88

Life & Disability

Basic Life (20,000)	$3.90
Supplemental Life (20,000)	3.90
Dependent Life Low Option	2.16
Dependent Life High Option	3.60
Disability	6.28

Addition Units of Supplemental Life

Age Rated	<25	$1.20
	25-29	$1.20
	30-34	$1.20
	35-39	$1.80
	40-44	$2.60
	45-49	$4.20
	50-54	$7.00
	55-59	$11.60
	60-64	$13.40
	65-69	$22.00
	70-74	$37.20
	75+	$57.80

Monthly Benefit Allowance

Employee	$407.92
Plus Child	571.09
Plus Children	635.72
Plus Spouse	724.91
Spouse & Child	888.08
Spouse & Children	952.71