EMPLOYEES BENEFITS COUNCIL
PLAN YEAR 2006 MONTHLY RATES
(JANUARY 2006 THROUGH DECEMBER 2006)

Health

	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & One Child	Employee & Two or More Children
Aetna Standard	381.50	888.85	1,262.70	1,262.70	755.35	755.35
Aetna Alternative	344.72	803.16	1,140.96	1,140.96	682.52	682.52
CommunityCare Standard	515.24	1,049.08	1,372.62	1,480.46	838.78	946.62
CommunityCare Alternative	345.02	686.60	893.62	962.62	552.04	621.04
GlobalHealth Standard	327.24	817.76	998.04	1,103.88	507.52	613.36
GlobalHealth Alternative	292.02	729.78	890.68	985.12	452.92	547.36
Pacificare Standard	496.52	1,206.54	1,454.80	1,603.74	744.78	893.72
Pacificare Alternative	305.00	741.16	893.66	985.16	457.50	549.00
HealthChoice High	310.46	760.68	917.78	1,011.08	467.56	560.86
HealthChoice Basic	269.22	657.40	792.58	872.86	404.40	484.68
Tricare Supplement	59.00	118.00	177.00	218.00	118.00	159.00

Dental

Assurant Heritage Prepaid	11.74	20.60	28.20	35.80	19.34	26.94
Assurant Frredom	22.78	45.44	62.44	91.14	39.78	68.48
CIGNA Dental Prepaid	8.99	14.87	21.75	29.75	15.87	23.87
Delta Dental PPO-POS	23.84	47.68	67.32	99.11	43.48	75.27
Delta's Choice PPO	8.90	29.90	49.90	75.90	28.90	54.90
HealthChoice Dental	26.80	53.60	75.94	111.58	49.14	84.78

Vision

CompBenefits	6.76	11.82	15.39	16.28	10.33	11.22
Primary Vision Care Svc	9.25	17.00	25.25	27.25	17.50	19.50
Spectera	7.79	13.30	17.67	19.95	12.16	14.44
Superior Vision Services	6.98	13.88	20.46	20.46	13.56	13.56
Vision Service Plan (VSP)	9.14	14.62	20.40	25.88	14.92	20.40

			Benefit Allowance
Basic Life	3.90	Employee	433.55
Supplemental Life	3.90	Plus Child	626.01
Disability	6.28	Plus Children	694.39
Dependent Life Low	2.16	Plus Spouse	837.34
Dependent Life High	3.60	Spouse & 1 Child	1,029.80
		Spouse & 2 Children	1,098.18

* For additional Monthly and Bi-Weekly Supplemental Life rates see your Enrollment Guide or EBC's benefits calculator.

EMPLOYEES BENEFITS COUNCIL
PLAN YEAR 2006 BIWEEKLY RATES
(JANUARY 2006 THROUGH DECEMBER 2006)

Health

	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & One Child	Employee & Two or More Children
Aetna Standard	176.08	410.24	582.79	582.79	348.63	348.63
Aetna Alternative	159.10	370.69	526.60	526.60	315.01	315.01
CommunityCare Standard	237.80	484.19	633.52	683.29	387.13	436.90
CommunityCare Alternative	159.24	316.89	412.44	444.28	254.79	286.63
GlobalHealth Standard	151.03	377.42	460.63	509.48	234.24	283.09
GlobalHealth Alternative	134.78	336.82	411.08	454.67	209.04	252.63
Pacificare Standard	229.16	556.86	671.44	740.18	343.74	412.48
Pacificare Alternative	140.77	342.08	412.47	454.70	211.16	253.39
HealthChoice High	143.29	351.08	423.59	466.65	215.80	258.86
HealthChoice Basic	124.26	303.42	365.81	402.86	186.65	223.70
Tricare Supplement	27.23	54.46	81.69	100.61	54.46	73.38

Dental

Assurant Heritage Prepaid	5.42	9.51	13.02	16.53	8.93	12.44
Assurant Frredom	10.51	20.97	28.82	42.06	18.36	31.60
CIGNA Dental Prepaid	4.15	6.86	10.04	13.73	7.33	11.02
Delta Dental PPO-POS	11.00	22.00	31.07	45.74	20.07	34.74
Delta's Choice PPO	4.11	13.80	23.03	35.03	13.34	25.34
HealthChoice Dental	12.37	24.74	35.05	51.50	22.68	39.13

Vision

CompBenefits	3.12	5.46	7.11	7.52	4.77	5.18
Primary Vision Care Svc	4.27	7.85	11.66	12.58	8.08	9.00
Spectera	3.60	6.14	8.16	9.21	5.62	6.67
Superior Vision Services	3.22	6.41	9.45	9.45	6.26	6.26
Vision Service Plan (VSP)	4.22	6.75	9.42	11.95	6.89	9.42

Basic Life	1.80
Supplemental Life First $20,000 *	1.80
Disability	2.90
Dependent Life Low	1.00
Dependent Life High	1.66

Benefit Allowance

Employee	200.10
Plus Child	288.93
Plus Children	320.49
Plus Spouse	386.47
Spouse & 1 Child	475.30
Spouse & 2 Children	506.86

* For additional Monthly and Bi-Weekly Supplemental Life rates see your Enrollment Guide or EBC's benefits calculator.