

## RETIREE HEALTH AND DENTAL INSURANCE RATES FOR 2005

INSURANCE COVERAGE	100% COPAY PREMIUM PLAN	100% COPAY STANDARD PLAN	100% COPAY DEN/VISION ONLY
1 - 65	\$425.00	\$328.00	\$48.00
1 + 65	\$332.00	\$256.00	\$48.00
2 - 65	\$894.00	\$689.00	\$100.00
2 + 65	\$697.00	\$537.00	\$100.00
1 - 65 & 1 + 65	\$757.00	\$584.00	\$100.00
FAMILY 3 - 65	\$1,078.00	\$876.00	\$119.00
FAMILY 4-6 - 65	\$1,263.00	\$1,064.00	
FAMILY 4-6 + 65 & - 65	\$1,126.00	\$959.00	
FAMILY 7+ - 65	\$1,817.00	\$1,626.00	

INSURANCE COVERAGE	20% COPAY PREMIUM PLAN	20% COPAY STANDARD PLAN	20% COPAY DEN/VISION ONLY
1 - 65	\$85.00	\$66.00	\$10.00
1 + 65	\$66.00	\$51.00	\$10.00
2 - 65	\$179.00	\$138.00	\$20.00
2 + 65	\$139.00	\$107.00	\$20.00
1-65 & 1 + 65	\$151.00	\$117.00	\$20.00
FAMILY 3 - 65	\$216.00	\$175.00	\$24.00
FAMILY 4-6 - 65	\$253.00	\$213.00	
FAMILY 4-6 + 65 & - 65	\$225.00	\$192.00	
FAMILY 7+ - 65	\$363.00	\$325.00	

INSURANCE COVERAGE	30% COPAY PREMIUM PLAN	30% COPAY STANDARD PLAN	30% COPAY DEN/VISION ONLY
1 - 65	\$128.00	\$98.00	\$14.00
1 + 65	\$100.00	\$77.00	\$14.00
2 - 65	\$268.00	\$207.00	\$14.00
2 + 65	\$209.00	\$161.00	\$30.00
1-65 & 1 + 65	\$227.00	\$175.00	\$30.00
FAMILY 3 - 65	\$323.00	\$263.00	\$36.00
FAMILY 4-6 - 65	\$379.00	\$319.00	
FAMILY 4-6 + 65 & - 65	\$338.00	\$288.00	
FAMILY 7+ - 65	\$545.00	\$488.00	

## RETIREE HEALTH AND DENTAL INSURANCE RATES FOR 2005

INSURANCE COVERAGE	40% COPAY PREMIUM PLAN	40% COPAY STANDARD PLAN	40% COPAY DEN/VISION ONLY
1 -65	\$170.00	\$131.00	\$19.00
1 +65	\$133.00	\$102.00	\$19.00
2 -65	\$358.00	\$276.00	\$19.00
2 +65	\$279.00	\$215.00	\$40.00
1-65 & 1 +65	\$303.00	\$234.00	\$40.00

INSURANCE COVERAGE	50% COPAY PREMIUM PLAN	50% COPAY STANDARD PLAN	50% COPAY DEN/VISION ONLY
1 -65	\$213.00	\$164.00	\$24.00
1 +65	\$166.00	\$128.00	\$24.00
2 -65	\$447.00	\$345.00	\$24.00
2 +65	\$349.00	\$269.00	\$50.00
1-65 & 1 +65	\$379.00	\$292.00	\$50.00

INSURANCE COVERAGE	60% COPAY PREMIUM PLAN	60% COPAY STANDARD PLAN	60% COPAY DEN/VISION PLAN
1 -65	\$255.00	\$197.00	\$29.00
1 +65	\$199.00	\$154.00	\$29.00
2 -65	\$536.00	\$413.00	\$29.00
2 +65	\$418.00	\$322.00	\$60.00
1-65 & 1 +65	\$454.00	\$350.00	\$60.00

INSURANCE COVERAGE	70% COPAY PREMIUM PLAN	70% COPAY STANDARD PLAN	70% COPAY DEN/VISION ONLY
1 -65	\$298.00	\$230.00	\$19.00
1 +65	\$232.00	\$179.00	\$19.00
2 -65	\$626.00	\$482.00	\$19.00
2 +65	\$488.00	\$376.00	\$40.00
1-65 & 1 +65	\$530.00	\$408.00	\$40.00

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INSURANCE COVERAGE	80% COPAY PREMIUM PLAN	80% COPAY STANDARD PLAN	80% COPAY DEN/VISION ONLY
<b>1 -65</b>	\$340.00	\$262.00	\$38.00
<b>1 +65</b>	\$266.00	\$205.00	\$38.00
<b>2 -65</b>	\$715.00	\$551.00	\$38.00
<b>2 +65</b>	\$558.00	\$430.00	\$80.00
<b>1-65 &amp; 1 +65</b>	\$606.00	\$467.00	\$80.00

INSURANCE COVERAGE	90% COPAY PREMIUM PLAN	90% COPAY STANDARD PLAN	90% COPAY DEN/VISION ONLY
<b>1 -65</b>	\$383.00	\$295.00	\$43.00
<b>1 +65</b>	\$299.00	\$230.00	\$43.00
<b>2 -65</b>	\$805.00	\$620.00	\$43.00
<b>2 +65</b>	\$627.00	\$483.00	\$90.00
<b>1-65 &amp; 1 +65</b>	\$681.00	\$526.00	\$90.00