

## RETIREE HEALTH AND DENTAL INSURANCE RATES FOR 2007

Add \$216.00 for each child when calculating Family Rates

INSURANCE COVERAGE	100% COPAY PREMIUM PLAN	100% COPAY STANDARD PLAN	100% COPAY DEN/VISION ONLY
1 - 65	\$498.00	\$385.00	\$54.00
1 +65	\$388.00	\$300.00	\$54.00
2 - 65	\$1,047.00	\$807.00	\$117.00
2 +65	\$817.00	\$630.00	\$117.00
1 - 65 & 1 +65	\$886.00	\$685.00	\$117.00
FAMILY 3 - 65	\$1,263.00	\$1,027.00	\$165.00
FAMILY 4-6 - 65	\$1,480.00	\$1,247.00	
FAMILY4-6 +65&-65	\$1,319.00	\$1,123.00	
FAMILY 7+ - 65	\$2,130.00	\$1,905.00	

INSURANCE COVERAGE	20% COPAY PREMIUM PLAN	20% COPAY STANDARD PLAN	20% COPAY DEN/VISION ONLY
1 -65	\$100.00	\$77.00	\$11.00
1 +65	\$78.00	\$60.00	\$11.00
2 -65	\$209.00	\$161.00	\$23.00
2 +65	\$163.00	\$126.00	\$23.00
1-65 & 1 +65	\$177.00	\$137.00	\$23.00
FAMILY 3 - 65	\$253.00	\$205.00	\$33.00
FAMILY 4-6 - 65	\$296.00	\$249.00	
FAMILY4-6 +65&-65	\$264.00	\$225.00	
FAMILY 7+ - 65	\$426.00	\$381.00	

INSURANCE COVERAGE	30% COPAY PREMIUM PLAN	30% COPAY STANDARD PLAN	30% COPAY DEN/VISION ONLY
1 -65	\$149.00	\$116.00	\$16.00
1 +65	\$116.00	\$90.00	\$16.00
2 -65	\$314.00	\$242.00	\$35.00
2 +65	\$245.00	\$189.00	\$35.00
1-65 & 1 +65	\$266.00	\$206.00	\$35.00
FAMILY 3 - 65	\$379.00	\$308.00	\$50.00
FAMILY 4-6 - 65	\$444.00	\$374.00	
FAMILY4-6 +65&-65	\$396.00	\$337.00	
FAMILY 7+ - 65	\$639.00	\$572.00	

## RETIREE HEALTH AND DENTAL INSURANCE RATES FOR 2007

INSURANCE COVERAGE	40% COPAY PREMIUM PLAN	40% COPAY STANDARD PLAN	40% COPAY DEN/VISION ONLY
1 -65	\$199.00	\$154.00	\$22.00
1 +65	\$155.00	\$120.00	\$22.00
2 -65	\$419.00	\$323.00	\$47.00
2 +65	\$327.00	\$252.00	\$47.00
1-65 & 1 +65	\$354.00	\$274.00	\$47.00

INSURANCE COVERAGE	50% COPAY PREMIUM PLAN	50% COPAY STANDARD PLAN	50% COPAY DEN/VISION ONLY
1 -65	\$249.00	\$193.00	\$27.00
1 +65	\$194.00	\$150.00	\$27.00
2 -65	\$524.00	\$404.00	\$59.00
2 +65	\$409.00	\$315.00	\$59.00
1-65 & 1 +65	\$443.00	\$343.00	\$59.00

INSURANCE COVERAGE	60% COPAY PREMIUM PLAN	60% COPAY STANDARD PLAN	60% COPAY DEN/VISION PLAN
1 -65	\$299.00	\$231.00	\$32.00
1 +65	\$233.00	\$180.00	\$32.00
2 -65	\$628.00	\$484.00	\$70.00
2 +65	\$490.00	\$378.00	\$70.00
1-65 & 1 +65	\$532.00	\$411.00	\$70.00

INSURANCE COVERAGE	70% COPAY PREMIUM PLAN	70% COPAY STANDARD PLAN	70% COPAY DEN/VISION ONLY
1 -65	\$349.00	\$270.00	\$38.00
1 +65	\$272.00	\$210.00	\$38.00
2 -65	\$733.00	\$565.00	\$82.00
2 +65	\$572.00	\$441.00	\$82.00
1-65 & 1 +65	\$620.00	\$480.00	\$82.00

**RETIREE HEALTH AND DENTAL INSURANCE RATES FOR 2007**

<b>INSURANCE COVERAGE</b>	<b>80% COPAY PREMIUM PLAN</b>	<b>80% COPAY STANDARD PLAN</b>	<b>80% COPAY DEN/VISION ONLY</b>
<b>1 -65</b>	\$398.00	\$308.00	\$43.00
<b>1 +65</b>	\$310.00	\$240.00	\$43.00
<b>2 -65</b>	\$490.00	\$646.00	\$94.00
<b>2 +65</b>	\$654.00	\$504.00	\$94.00
<b>1-65 &amp; 1 +65</b>	\$709.00	\$548.00	\$94.00

<b>INSURANCE COVERAGE</b>	<b>90% COPAY PREMIUM PLAN</b>	<b>90% COPAY STANDARD PLAN</b>	<b>90% COPAY DEN/VISION ONLY</b>
<b>1 -65</b>	\$448.00	\$347.00	\$49.00
<b>1 +65</b>	\$349.00	\$270.00	\$49.00
<b>2 -65</b>	\$942.00	\$726.00	\$105.00
<b>2 +65</b>	\$735.00	\$567.00	\$105.00
<b>1-65 &amp; 1 +65</b>	\$797.00	\$617.00	\$105.00