

EMPLOYEE COST SHARING

January 1, 2007 through December 31, 2007



2007 BENEFIT RATES						
Type of Benefit	Single		2-Person		Family	
	Monthly	Semi	Monthly	Semi	Monthly	Semi
HMO Medical	94.14	47.07	188.26	94.13	254.30	127.15
PPO Medical	123.20	61.60	246.42	123.21	332.66	166.33



Type of Benefit	Single		2-Person		Family	
Dental insurance	5.55	2.77	10.21	5.10	18.03	9.02



Type of Benefit	Single		2-Person		Employee + Children		Family	
	Monthly	Semi	Monthly	Semi	Monthly	Semi	Monthly	Semi
Vision Plan	7.62	3.81	12.18	6.09	12.44	6.22	20.04	10.02