EMPLOYEES BENEFITS COUNCIL
PLAN YEAR 2007 RATES
(JANUARY 1, 2007 THROUGH DECEMBER 31, 2007)

Monthly Rates

Health	**Employee**	**Employee & Spouse**	**Employee, Spouse & Child**	**Employee, Spouse & Children**	**Employee & Child**	**Employee & Children**
Aetna Std Option HMO Plan	576.82	1,343.94	1,909.20	1,909.20	1,142.08	1,142.08
Aetna Alt Option HMO Plan	346.42	807.12	1,146.60	1,146.60	685.90	685.90
CommunityCare: Std Option HMO Plan	592.52	1,206.44	1,578.50	1,702.52	964.58	1,088.60
CommunityCare: Alt Option HMO Plan	415.90	824.84	1,070.72	1,153.54	661.78	744.60
GlobalHealth: Std Option HMO Plan	338.92	841.80	1,027.24	1,137.50	524.36	634.62
GlobalHealth: Alt Option HMO Plan	302.44	751.24	916.74	1,015.14	467.94	566.34
PacifiCare Std Option HMO Plan	606.56	1,473.94	1,777.22	1,959.18	909.84	1,091.80
PacifiCare Alt Option HMO Plan	352.80	857.20	1,033.48	1,139.32	529.08	634.92
HealthChoice High	364.24	918.42	1,107.46	1,217.02	553.28	662.84
HealthChoice Basic	318.18	809.38	974.52	1,071.46	483.32	580.26
Tricare	59.00	118.00	159.00	159.00	100.00	100.00
Dental						
Assurant Heritage Prepaid	11.74	20.60	28.20	35.80	19.34	26.94
Assurant Freedom	24.84	49.54	68.06	99.34	43.36	74.64
CIGNA Dental Prepaid	9.26	15.32	22.41	30.65	16.35	24.59
Delta Dental PPO-POS	27.58	55.17	78.31	114.68	50.72	87.09
Delta's Choice PPO	9.79	32.20	53.53	84.77	31.12	62.36
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	20.48	20.48	13.58	13.58
Vision Service Plan (VSP)	8.96	14.96	20.70	27.88	14.70	21.88

		Benefit Allowance	
Basic Life	3.90	Employee	525.59
Supplemental Life	3.90	Plus Child	767.85
Disability	7.54	Plus Children	846.72
Dependent Life Low	2.16	Plus Spouse	1,021.41
Dependent Life Standard	3.60	Spouse & 1 Child	1,263.67
Dependent Life Premier	7.20	Spouse & 2 Children	1,342.54

EMPLOYEES BENEFITS COUNCIL
PLAN YEAR 2007 RATES
(JANUARY 1, 2007 THROUGH DECEMBER 31, 2007)

Bi-Weekly Rates

Health	**Employee**	**Employee & Spouse**	**Employee, Spouse & Child**	**Employee, Spouse & Children**	**Employee & Child**	**Employee & Children**
Aetna Std Option HMO Plan	266.22	620.28	881.17	881.17	527.11	527.11
Aetna Alt Option HMO Plan	159.89	372.52	529.20	529.20	316.57	316.57
CommunityCare: Std Option HMO Plan	273.47	556.82	728.54	785.78	445.19	502.43
CommunityCare: Alt Option HMO Plan	191.95	380.69	494.17	532.40	305.43	343.66
GlobalHealth: Std Option HMO Plan	156.42	388.52	474.11	525.00	242.01	292.90
GlobalHealth: Alt Option HMO Plan	139.59	346.73	423.11	468.53	215.97	261.39
PacifiCare Std Option HMO Plan	279.95	680.28	820.26	904.24	419.93	503.91
PacifiCare Alt Option HMO Plan	162.83	395.63	476.99	525.84	244.19	293.04
HealthChoice High	168.11	423.89	511.14	561.71	255.36	305.93
HealthChoice Basic	146.85	373.56	449.78	494.52	223.07	267.81
Tricare	27.23	54.46	73.38	73.38	46.15	46.15
Dental						
Assurant Heritage Prepaid	5.42	9.51	13.02	16.53	8.93	12.44
Assurant Freedom	11.46	22.86	31.41	45.84	20.01	34.44
CIGNA Dental Prepaid	4.27	7.07	10.34	14.15	7.54	11.35
Delta Dental PPO-POS	12.73	25.46	36.14	52.93	23.41	40.20
Delta's Choice PPO	4.52	14.86	24.70	39.12	14.36	28.78
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	6.40	9.45	9.45	6.27	6.27
Vision Service Plan (VSP)	4.14	6.91	9.56	12.87	6.79	10.10

		Benefit Allowance	
Basic Life	1.80	Employee	242.58
Supplemental Life	1.80	Plus Child	354.40
Disability	3.48	Plus Children	390.80
Dependent Life Low	1.00	Plus Spouse	471.42
Dependent Life Standard	1.66	Spouse & 1 Child	583.24
Dependent Life Premier	3.32	Spouse & 2 Children	619.64