

EMPLOYEE RATES 2008 (CONT'D)								
Premiums Begin August 2007 Paycheck								

DENTAL PLANS

CompBenefits Managed Care Dental Plan Options-

	MANAGED CARE PLAN (Primary Dentist Required)			ADVANTAGE PLAN (Services Within Network)		
	12 Checks	18 Checks	24 Checks	12 Checks	18 Checks	24 Checks
	Employee Only	\$10.36	\$6.91	\$5.18	\$17.14	\$11.43
Employee and Spouse	\$18.50	\$12.34	\$9.25	\$35.10	\$23.40	\$17.55
Employee and Child(ren)	\$19.62	\$13.08	\$9.81	\$35.66	\$23.78	\$17.83
Employee and Family	\$25.54	\$17.03	\$12.77	\$58.62	\$39.08	\$29.31

United Concordia - Indemnity Plan*

	12 Checks	18 Checks	24 Checks
	Employee Only	\$35.51	\$23.68
Employee and Spouse	\$71.46	\$47.64	\$35.73
Employee and Child(ren)	\$79.29	\$52.86	\$39.65
Employee and Family	\$115.09	\$76.73	\$57.55

***NOTE** UNITED CONCORDIA PLAN YEAR IS SEPTEMBER THROUGH AUGUST.
UNITED CONCORDIA DEDUCTIBLE YEAR AND MAXIMUMS ARE CALENDAR YEAR.

GROUP TERM LIFE INSURANCE RATES

Per \$1,000 of Coverage

Employee's Age on September 1	12 Checks	18 Checks	24 Checks
Less Than 40	\$0.076	\$0.051	\$0.038
40 - 49	\$0.235	\$0.157	\$0.118
50 - 54	\$0.311	\$0.207	\$0.156
55 - 59	\$0.625	\$0.417	\$0.313
60 - 64	\$0.879	\$0.586	\$0.440
65+	\$0.956	\$0.637	\$0.478

Coverage levels range from \$20,000 to \$250,000; however, coverage may not exceed four (4) times your annual salary (rounded to next higher benefit amount).

Dependent Life Plan

PLAN C (Employee Minimum Coverage)			PLAN D (Employee Minimum Coverage Medical Approval Required)		
\$20,000.00	Spouse		\$30,000.00	Spouse	
\$10,000.00	Eligible Children		\$15,000.00	Eligible Children	
12 Checks	18 Checks	24 Checks	12 Checks	18 Checks	24 Checks
\$5.00	\$3.34	\$2.50	\$7.50	\$5.00	\$3.75