

WELFARE TRUST EMPLOYEE HEALTH BENEFIT PREMIUMS **AUGUST 1, 2010 – JUNE 30, 2011**

Welfare Trust Point of Service PLAN 1 – EMPLOYEE PREMIUMS

DESCRIPTION	ADM	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	STANDARD LONG TERM DISABILITY	TOTAL PREMIUM	CCSD CONTRIBUTION	TRUST SUBSIDY	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only	\$5.75	\$592.96	\$7.78	\$45.97	\$12.00	\$13.97	\$678.43	\$670.62	\$7.81	\$0.00	\$0.00
Admin/Spouse	5.75	804.25	11.27	82.96	13.00	13.97	931.20	670.62	66.00	194.58	97.29
Admin/Children	5.75	727.96	11.27	89.08	13.00	13.97	861.03	670.62	54.85	135.56	67.78
Admin/Family	5.75	1043.60	20.23	125.31	13.00	13.97	1221.86	670.62	102.81	448.43	224.22

Welfare Trust Point of Service VALUE PLAN 1 – EMPLOYEE PREMIUMS

DESCRIPTION	ADM	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	STANDARD LONG TERM DISABILITY	TOTAL PREMIUM	CCSD CONTRIBUTION	TRUST SUBSIDY	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only	\$5.75	\$529.45	\$7.78	\$45.97	\$12.00	\$13.97	\$614.92	\$670.62	\$5.75	\$0.00	\$0.00
Admin/Spouse	5.75	718.11	11.27	82.96	13.00	13.97	845.06	670.62	21.54	152.90	76.45
Admin/Children	5.75	649.99	11.27	89.08	13.00	13.97	783.06	670.62	14.48	97.96	48.98
Admin/Family	5.75	931.82	20.23	125.31	13.00	13.97	1110.08	670.62	44.44	395.02	197.51

Welfare Trust Point of Service PLAN 2 – EMPLOYEE PREMIUMS

DESCRIPTION	ADM	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	STANDARD LONG TERM DISABILITY	TOTAL PREMIUM	CCSD CONTRIBUTION	TRUST SUBSIDY	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only	\$5.75	\$440.66	\$7.78	\$45.97	\$12.00	\$13.97	\$526.13	\$670.62	\$5.75	\$0.00	\$0.00
Admin/Spouse	5.75	653.17	11.27	82.96	13.00	13.97	780.12	670.62	43.46	66.04	33.02
Admin/Children	5.75	584.15	11.27	89.08	13.00	13.97	717.22	670.62	23.30	23.30	11.65
Admin/Family	5.75	837.13	20.23	125.31	13.00	13.97	1015.39	670.62	72.01	272.76	136.38

Welfare Trust HMO PLAN 3 – EMPLOYEE PREMIUMS

DESCRIPTION	ADM	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	STANDARD LONG TERM DISABILITY	TOTAL PREMIUM	CCSD CONTRIBUTION	TRUST SUBSIDY	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only	\$5.75	\$362.80	\$7.78	\$45.97	\$12.00	\$13.97	\$448.27	\$670.62	\$5.75	\$0.00	\$0.00
Admin/Spouse	5.75	551.29	11.27	82.96	13.00	13.97	678.24	670.62	7.62	0.00	0.00
Admin/Children	5.75	509.07	11.27	89.08	13.00	13.97	642.14	670.62	5.75	0.00	0.00
Admin/Family	5.75	693.24	20.23	125.31	13.00	13.97	871.50	670.62	50.54	150.34	75.17

Welfare Trust CLASSIC RETIREE POINT OF SERVICE PLAN – EMPLOYEE PREMIUMS¹

DESCRIPTION	ADM	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	STANDARD LONG TERM DISABILITY	TOTAL PREMIUM	CCSD CONTRIBUTION	TRUST SUBSIDY	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only (With ²)	\$5.75	\$164.40	\$7.78	\$45.97	\$12.00	\$13.97	\$249.87	\$670.62	\$5.75	\$0.00	\$0.00
Admin/Spouse (One With ²)	5.75	307.44	11.27	82.96	13.00	13.97	434.39	670.62	5.75	0.00	0.00
Admin/Spouse (Both With ²)	5.75	328.80	11.27	82.96	13.00	13.97	455.75	670.62	5.75	0.00	0.00
Admin (With ²)/Children	5.75	275.41	11.27	89.08	13.00	13.97	408.48	670.62	5.75	0.00	0.00
Family (One With ²)	5.75	446.29	20.23	125.31	13.00	13.97	624.55	670.62	5.75	0.00	0.00
Family (Both With ²)	5.75	467.65	20.23	125.31	13.00	13.97	645.91	670.62	0.00	0.00	0.00

¹Participation in this plan requires that you reside in the State of Nevada

²With means with Medicare

Legend: ADM – Administration of Plan, HPN – Health Plan of Nevada

VSP – Vision Services Plan