

CCASAPE ACTIVE EMPLOYEE HEALTH INSURANCE PREMIUMS JULY 1, 2006 – DECEMBER 31, 2006

CCASAPE Point of Service PLAN 1 – ACTIVE EMPLOYEE PREMIUMS

DESCRIPTION	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	STANDARD LONG TERM DISABILITY	TOTAL PREMIUM	CCSD CONTRIBUTION	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only	\$433.69	\$ 9.21	\$ 44.20	\$12.00	\$13.97	\$513.07	\$552.77	\$ 0.00	\$ 0.00
Admin/Spouse	588.23	13.35	79.77	13.00	13.97	708.32	552.77	155.55	77.78
Admin/Children	532.43	13.35	85.65	13.00	13.97	658.40	552.77	105.63	52.82
Admin/Family	763.28	23.94	120.49	13.00	13.97	934.68	552.77	381.91	190.96

CCASAPE Point of Service PLAN 2 – ACTIVE EMPLOYEE PREMIUMS

DESCRIPTION	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	STANDARD LONG TERM DISABILITY	TOTAL PREMIUM	CCSD CONTRIBUTION	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only	\$322.28	\$ 9.21	\$ 44.20	\$12.00	\$13.97	\$401.66	\$552.77	\$ 0.00	\$ 0.00
Admin/Spouse	477.71	13.35	79.77	13.00	13.97	597.80	552.77	45.03	22.52
Admin/Children	427.22	13.35	85.65	13.00	13.97	553.19	552.77	.42	.21
Admin/Family	612.24	23.94	120.49	13.00	13.97	783.64	552.77	230.87	115.44

CCASAPE HMO PLAN 3 – ACTIVE EMPLOYEE PREMIUMS

DESCRIPTION	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	STANDARD LONG TERM DISABILITY	TOTAL PREMIUM	CCSD CONTRIBUTION	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only	\$265.34	\$ 9.21	\$ 44.20	\$12.00	\$13.97	\$344.72	\$552.77	\$ 0.00	\$ 0.00
Admin/Spouse	403.19	13.35	79.77	13.00	13.97	523.28	552.77	0.00	0.00
Admin/Children	372.32	13.35	85.65	13.00	13.97	498.29	552.77	0.00	0.00
Admin/Family	507.01	23.94	120.49	13.00	13.97	678.41	552.77	125.64	62.82

CCASAPE MEDICARE ELIGIBLE PLAN – ACTIVE EMPLOYEE PREMIUMS

DESCRIPTION	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	STANDARD LONG TERM DISABILITY	TOTAL PREMIUM	CCSD CONTRIBUTION	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only (With*)	\$164.40	\$ 9.21	\$ 44.20	\$12.00	\$13.97	\$243.78	\$552.77	\$0.00	\$0.00
Admin/Spouse (One With*)	307.44	13.35	79.77	13.00	13.97	427.53	552.77	0.00	0.00
Admin/Spouse (Both With*)	328.80	13.35	79.77	13.00	13.97	448.89	552.77	0.00	0.00
Admin (With*)/Children	275.41	13.35	85.65	13.00	13.97	401.38	552.77	0.00	0.00
Family (One With*)	446.29	23.94	120.49	13.00	13.97	617.69	552.77	64.92	32.46
Family (Both With*)	467.65	23.94	120.49	13.00	13.97	639.05	552.77	86.28	43.14

*With means with Medicare

LEGEND:

HPN Health Plan of Nevada
 VSP Vision Services Plan

CCASAPE RETIREE HEALTH INSURANCE PREMIUMS JANUARY 1, 2006 – DECEMBER 31, 2006

CCASAPE Point of Service PLAN 1 – RETIREE PREMIUMS

DESCRIPTION	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	TOTAL PREMIUM	CCASAPE CONTRIBUTION	RETIREE'S MONTHLY DEDUCTION
Retiree Only	\$331.20	\$ 9.21	\$ 44.20	\$12.00	\$ 396.61	\$16.79	\$ 379.82
Retiree/Spouse	645.72	13.35	79.77	13.00	751.84	32.96	718.88
Retiree/Children	612.78	13.35	85.65	13.00	724.78	31.25	693.53
Retiree/Family	927.72	23.94	120.49	13.00	1,085.15	47.10	1,038.05

CCASAPE Point of Service PLAN 2 – RETIREE PREMIUMS

DESCRIPTION	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	TOTAL PREMIUM	CCSD CONTRIBUTION	RETIREE'S MONTHLY DEDUCTION
Retiree Only	\$271.12	\$ 9.21	\$ 44.20	\$12.00	\$336.53	\$0.00	\$336.53
Retiree/Spouse	528.59	13.35	79.77	13.00	634.71	0.00	634.71
Retiree/Children	501.62	13.35	85.65	13.00	613.62	0.00	613.62
Retiree/Family	759.44	23.94	120.49	13.00	916.87	0.00	916.87

CCASAPE HMO PLAN 3 – RETIREE PREMIUMS

DESCRIPTION	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	TOTAL PREMIUM	CCSD CONTRIBUTION	RETIREE'S MONTHLY DEDUCTION
Retiree Only	\$223.22	\$ 9.21	\$ 44.20	\$12.00	\$288.63	\$0.00	\$288.63
Retiree/Spouse	435.20	13.35	79.77	13.00	541.32	0.00	541.32
Retiree/Children	412.99	13.35	85.65	13.00	524.99	0.00	524.99
Retiree/Family	625.27	23.94	120.49	13.00	782.70	0.00	782.70

CCASAPE MEDICARE ELIGIBLE PLAN – RETIREE PREMIUMS

DESCRIPTION	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	TOTAL PREMIUM	CCSD CONTRIBUTION	RETIREE'S MONTHLY DEDUCTION
Retiree Only (With*)	\$164.40	\$ 9.21	\$ 44.20	\$12.00	\$229.81	\$0.00	\$229.81
Retiree/Spouse (One With*)	307.44	13.35	79.77	13.00	413.56	0.00	413.56
Retiree/Spouse (Both With*)	328.80	13.35	79.77	13.00	434.92	0.00	434.92
Retiree (With*)/Children	275.41	13.35	85.65	13.00	387.41	0.00	387.41
Family (One With*)	446.29	23.94	120.49	13.00	603.72	0.00	603.72
Family (Both With*)	467.65	23.94	120.49	13.00	625.08	0.00	625.08

*With means with Medicare

NOTE: Retirees joining the CCASAPE Medicare Eligible Plan from any plan other than an existing CCASAPE plan are not eligible for the Standard Life Insurance.

LEGEND:

HPN Health Plan of Nevada
VSP Vision Services Plan