

# CCASAP ACTIVE EMPLOYEE HEALTH INSURANCE PREMIUMS JULY 1, 2007 – DECEMBER 31, 2007

## CCASAP Point of Service PLAN 1 – ACTIVE EMPLOYEE PREMIUMS

DESCRIPTION	HPN Includes 9% increase	VSP	STANDARD DENTAL	STANDARD LIFE	STANDARD LONG TERM DISABILITY	TOTAL PREMIUM Includes 9% increase	9% INCREASE AMOUNT <sup>1</sup>	CCSD CONTRIBU- TION <sup>2</sup>	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only	\$472.72	\$9.21	\$44.20	\$12.00	\$13.97	<b>\$552.10</b>	\$39.03	\$552.77	\$0.00	\$0.00
Admin/Spouse	641.17	13.35	79.77	13.00	13.97	<b>761.26</b>	52.94	552.77	208.49	104.25
Admin/Children	580.35	13.35	85.65	13.00	13.97	<b>706.32</b>	47.92	552.77	153.55	76.78
Admin/Family	831.98	23.94	120.49	13.00	13.97	<b>1003.38</b>	68.70	552.77	450.61	225.31

## CCASAP Point of Service PLAN 2 – ACTIVE EMPLOYEE PREMIUMS

DESCRIPTION	HPN Includes 9% increase	VSP	STANDARD DENTAL	STANDARD LIFE	STANDARD LONG TERM DISABILITY	TOTAL PREMIUM Includes 9% increase	9% INCREASE AMOUNT <sup>1</sup>	CCSD CONTRIBU- TION <sup>2</sup>	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only	\$351.29	\$9.21	\$44.20	\$12.00	\$13.97	<b>\$430.67</b>	\$29.01	\$552.77	\$0.00	\$0.00
Admin/Spouse	520.70	13.35	79.77	13.00	13.97	<b>640.79</b>	42.99	552.77	88.02	44.01
Admin/Children	465.67	13.35	85.65	13.00	13.97	<b>591.64</b>	38.45	552.77	38.87	19.44
Admin/Family	667.34	23.94	120.49	13.00	13.97	<b>838.74</b>	55.10	552.77	285.97	142.99

## CCASAP HMO PLAN 3 – ACTIVE EMPLOYEE PREMIUMS

DESCRIPTION	HPN Includes 9% increase	VSP	STANDARD DENTAL	STANDARD LIFE	STANDARD LONG TERM DISABILITY	TOTAL PREMIUM Includes 9% increase	9% INCREASE AMOUNT <sup>1</sup>	CCSD CONTRIBU- TION <sup>2</sup>	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only	\$289.22	\$9.21	\$44.20	\$12.00	\$13.97	<b>\$368.60</b>	\$23.88	\$552.77	\$0.00	\$0.00
Admin/Spouse	439.48	13.35	79.77	13.00	13.97	<b>559.57</b>	36.29	552.77	6.80	3.40
Admin/Children	405.83	13.35	85.65	13.00	13.97	<b>531.80</b>	33.51	552.77	0.00	0.00
Admin/Family	552.64	23.94	120.49	13.00	13.97	<b>724.04</b>	45.63	552.77	171.27	85.64

## CCASAP MEDICARE ELIGIBLE PLAN – ACTIVE EMPLOYEE PREMIUMS

DESCRIPTION	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	STANDARD LONG TERM DISABILITY	TOTAL PREMIUM	CCSD CONTRIBU- TION <sup>2</sup>	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only (With <sup>3</sup> )	\$164.40	\$ 9.21	\$ 44.20	\$12.00	\$13.97	<b>\$243.78</b>	\$552.77	\$0.00	\$0.00
Admin/Spouse (One With <sup>3</sup> )	307.44	13.35	79.77	13.00	13.97	<b>427.53</b>	552.77	0.00	0.00
Admin/Spouse (Both With <sup>3</sup> )	328.80	13.35	79.77	13.00	13.97	<b>448.89</b>	552.77	0.00	0.00
Admin (With <sup>3</sup> )/Children	275.41	13.35	85.65	13.00	13.97	<b>401.38</b>	552.77	0.00	0.00
Family (One With <sup>3</sup> )	446.29	23.94	120.49	13.00	13.97	<b>617.69</b>	552.77	64.92	32.46
Family (Both With <sup>3</sup> )	467.65	23.94	120.49	13.00	13.97	<b>639.05</b>	552.77	86.28	43.14

<sup>1</sup>9% increase of HPN rate on medical for Plans 1, 2, and 3 for actives

<sup>2</sup>July 1, 2007 expect increase in CCSD contribution for actives

<sup>3</sup>With means with Medicare

LEGEND:

HPN ..... Health Plan of Nevada

VSP ..... Vision Services Plan

# CCASAPE RETIREE HEALTH INSURANCE PREMIUMS

## JULY 1, 2007 – DECEMBER 31, 2007

### CCASAPE Point of Service PLAN 1 – RETIREE PREMIUMS

DESCRIPTION	HPN Includes 9% increase	VSP	STANDARD DENTAL	STANDARD LIFE	TOTAL PREMIUM Includes 9% increase	9% INCREASE AMOUNT <sup>1</sup>	RETIREE'S MONTHLY DEDUCTION
Retiree Only	\$361.01	\$9.21	\$44.20	\$12.00	<b>\$426.42</b>	\$29.81	\$426.42
Retiree/Spouse	703.83	13.35	79.77	13.00	<b>809.95</b>	58.11	809.95
Retiree/Children	667.93	13.35	85.65	13.00	<b>779.93</b>	55.15	779.93
Retiree/Family	1011.21	23.94	120.49	13.00	<b>1168.64</b>	83.49	1168.64

### CCASAPE Point of Service PLAN 2 – RETIREE PREMIUMS

DESCRIPTION	HPN Includes 9% increase	VSP	STANDARD DENTAL	STANDARD LIFE	TOTAL PREMIUM Includes 9% increase	9% INCREASE AMOUNT <sup>1</sup>	RETIREE'S MONTHLY DEDUCTION
Retiree Only	\$295.52	\$9.21	\$44.20	\$12.00	<b>\$360.93</b>	\$24.40	\$360.93
Retiree/Spouse	576.16	13.35	79.77	13.00	<b>682.28</b>	47.57	682.28
Retiree/Children	546.77	13.35	85.65	13.00	<b>658.77</b>	45.15	658.77
Retiree/Family	827.79	23.94	120.49	13.00	<b>985.22</b>	68.35	985.22

### CCASAPE HMO PLAN 3 – RETIREE PREMIUMS

DESCRIPTION	HPN Includes 9% increase	VSP	STANDARD DENTAL	STANDARD LIFE	TOTAL PREMIUM Includes 9% increase	9% INCREASE AMOUNT <sup>1</sup>	RETIREE'S MONTHLY DEDUCTION
Retiree Only	\$243.31	\$9.21	\$44.20	\$12.00	<b>\$308.72</b>	\$20.09	\$308.72
Retiree/Spouse	474.37	13.35	79.77	13.00	<b>580.49</b>	39.17	580.49
Retiree/Children	450.16	13.35	85.65	13.00	<b>562.16</b>	37.17	562.16
Retiree/Family	681.54	23.94	120.49	13.00	<b>838.97</b>	56.27	838.97

### CCASAPE MEDICARE ELIGIBLE PLAN – RETIREE PREMIUMS

DESCRIPTION	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	TOTAL PREMIUM	RETIREE'S MONTHLY DEDUCTION
Retiree Only (With <sup>2</sup> )	\$164.40	\$ 9.21	\$ 44.20	\$12.00	<b>\$229.81</b>	\$229.81
Retiree/Spouse (One With <sup>2</sup> )	307.44	13.35	79.77	13.00	<b>413.56</b>	413.56
Retiree/Spouse (Both With <sup>2</sup> )	328.80	13.35	79.77	13.00	<b>434.92</b>	434.92
Retiree (With <sup>2</sup> )/Children	275.41	13.35	85.65	13.00	<b>387.41</b>	387.41
Family (One With <sup>2</sup> )	446.29	23.94	120.49	13.00	<b>603.72</b>	603.72
Family (Both With <sup>2</sup> )	467.65	23.94	120.49	13.00	<b>625.08</b>	625.08

<sup>1</sup>9% increase of HPN rate on medical for Plans 1, 2, and 3 for retirees

<sup>2</sup>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