

WELFARE TRUST ACTIVE EMPLOYEE HEALTH BENEFIT PREMIUMS JULY 1, 2007 – JUNE 30, 2008

Welfare Trust 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	\$472.72	\$9.21	\$44.20	\$12.00	\$13.97	\$552.10	\$608.36	\$0.00	\$0.00
Admin/Spouse	641.17	13.35	79.77	13.00	13.97	761.26	608.36	152.90	76.45
Admin/Children	580.35	13.35	85.65	13.00	13.97	706.32	608.36	97.96	48.98
Admin/Family	831.98	23.94	120.49	13.00	13.97	1003.38	608.36	395.02	197.51

Welfare Trust 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	\$351.29	\$9.21	\$44.20	\$12.00	\$13.97	\$430.67	\$608.36	\$0.00	\$0.00
Admin/Spouse	520.70	13.35	79.77	13.00	13.97	640.79	608.36	32.43	16.22
Admin/Children	465.67	13.35	85.65	13.00	13.97	591.64	608.36	0.00	0.00
Admin/Family	667.34	23.94	120.49	13.00	13.97	838.74	608.36	230.38	115.19

Welfare Trust 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	\$289.22	\$9.21	\$44.20	\$12.00	\$13.97	\$368.60	\$608.36	\$0.00	\$0.00
Admin/Spouse	439.48	13.35	79.77	13.00	13.97	559.57	608.36	0.00	0.00
Admin/Children	405.83	13.35	85.65	13.00	13.97	531.80	608.36	0.00	0.00
Admin/Family	552.64	23.94	120.49	13.00	13.97	724.04	608.36	115.68	57.84

Welfare Trust MEDICARE ELIGIBLE POS 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 ¹)	\$164.40	\$ 9.21	\$ 44.20	\$12.00	\$13.97	\$243.78	\$608.36	\$0.00	\$0.00
Admin/Spouse (One With ¹)	307.44	13.35	79.77	13.00	13.97	427.53	608.36	0.00	0.00
Admin/Spouse (Both With ¹)	328.80	13.35	79.77	13.00	13.97	448.89	608.36	0.00	0.00
Admin (With ¹)/Children	275.41	13.35	85.65	13.00	13.97	401.38	608.36	0.00	0.00
Family (One With ¹)	446.29	23.94	120.49	13.00	13.97	617.69	608.36	9.33	4.67
Family (Both With ¹)	467.65	23.94	120.49	13.00	13.97	639.05	608.36	30.69	15.35

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

¹With means with Medicare

LEGEND:

HPN Health Plan of Nevada
VSP Vision Services Plan

**WELFARE TRUST RETIREE
HEALTH BENEFIT PREMIUMS
JULY 1, 2007 – JUNE 30, 2008**

Welfare Trust 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 ¹	RETIREE'S MONTHLY DEDUCTION
Retiree Only	\$361.01	\$9.21	\$44.20	\$12.00	\$426.42	\$29.81	\$426.42
Retiree/Spouse	703.83	13.35	79.77	13.00	809.95	58.11	809.95
Retiree/Children	667.93	13.35	85.65	13.00	779.93	55.15	779.93
Retiree/Family	1011.21	23.94	120.49	13.00	1168.64	83.49	1168.64

Welfare Trust 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 ¹	RETIREE'S MONTHLY DEDUCTION
Retiree Only	\$295.52	\$9.21	\$44.20	\$12.00	\$360.93	\$24.40	\$360.93
Retiree/Spouse	576.16	13.35	79.77	13.00	682.28	47.57	682.28
Retiree/Children	546.77	13.35	85.65	13.00	658.77	45.15	658.77
Retiree/Family	827.79	23.94	120.49	13.00	985.22	68.35	985.22

Welfare Trust HMO PLAN 3 – RETIREE PREMIUMS

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

Welfare Trust MEDICARE ELIGIBLE POS PLAN – RETIREE PREMIUMS*

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

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

¹9% increase of HPN rate on medical for Plans 1, 2, and 3 for retirees

²With means with Medicare

NOTE: Retirees joining the Welfare Trust Medicare Eligible Plan from any plan other than an existing Welfare Trust plan are not eligible for the Standard life insurance.

LEGEND:

HPN Health Plan of Nevada

VSP Vision Services Plan