

CCASAP ACTIVE EMPLOYEE HEALTH BENEFIT 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 ¹	CCSD CONTRIBU- TION ²	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only	\$472.72	\$9.21	\$44.20	\$12.00	\$13.97	\$552.10	\$39.03	\$552.77	\$0.00	\$0.00
Admin/Spouse	641.17	13.35	79.77	13.00	13.97	761.26	52.94	552.77	208.49	104.25
Admin/Children	580.35	13.35	85.65	13.00	13.97	706.32	47.92	552.77	153.55	76.78
Admin/Family	831.98	23.94	120.49	13.00	13.97	1003.38	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 ¹	CCSD CONTRIBU- TION ²	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only	\$351.29	\$9.21	\$44.20	\$12.00	\$13.97	\$430.67	\$29.01	\$552.77	\$0.00	\$0.00
Admin/Spouse	520.70	13.35	79.77	13.00	13.97	640.79	42.99	552.77	88.02	44.01
Admin/Children	465.67	13.35	85.65	13.00	13.97	591.64	38.45	552.77	38.87	19.44
Admin/Family	667.34	23.94	120.49	13.00	13.97	838.74	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 ¹	CCSD CONTRIBU- TION ²	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only	\$289.22	\$9.21	\$44.20	\$12.00	\$13.97	\$368.60	\$23.88	\$552.77	\$0.00	\$0.00
Admin/Spouse	439.48	13.35	79.77	13.00	13.97	559.57	36.29	552.77	6.80	3.40
Admin/Children	405.83	13.35	85.65	13.00	13.97	531.80	33.51	552.77	0.00	0.00
Admin/Family	552.64	23.94	120.49	13.00	13.97	724.04	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 ²	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only (With ³)	\$164.40	\$ 9.21	\$ 44.20	\$12.00	\$13.97	\$243.78	\$552.77	\$0.00	\$0.00
Admin/Spouse (One With ³)	307.44	13.35	79.77	13.00	13.97	427.53	552.77	0.00	0.00
Admin/Spouse (Both With ³)	328.80	13.35	79.77	13.00	13.97	448.89	552.77	0.00	0.00
Admin (With ³)/Children	275.41	13.35	85.65	13.00	13.97	401.38	552.77	0.00	0.00
Family (One With ³)	446.29	23.94	120.49	13.00	13.97	617.69	552.77	64.92	32.46
Family (Both With ³)	467.65	23.94	120.49	13.00	13.97	639.05	552.77	86.28	43.14

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

²July 1, 2007 expect increase in CCSD contribution for actives

³With means with Medicare

LEGEND:

HPN Health Plan of Nevada

VSP Vision Services Plan

**CCASAPE RETIREE
HEALTH BENEFIT 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 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

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 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

CCASAPE 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

CCASAPE MEDICARE ELIGIBLE 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

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

²With 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:

HPNHealth Plan of Nevada

VSPVision Services Plan