

**CCASAPE ACTIVE HEALTH INSURANCE PREMIUMS
JANUARY 1, 2006 – JUNE 30, 2006****

CURRENT BLENDED CCASAPE POS PLAN ACTIVE 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	\$538.99	\$ 0.00	\$ 0.00
Admin/Spouse	588.23	13.35	79.77	13.00	13.97	708.32	538.99	169.33	84.67
Admin/Children	532.43	13.35	85.65	13.00	13.97	658.40	538.99	119.41	59.71
Admin/Family	763.28	23.94	120.49	13.00	13.97	934.68	538.99	395.69	197.85

NEW BLENDED CCASAPE POS PLAN ACTIVE 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	\$538.99	\$ 0.00	\$ 0.00
Admin/Spouse	477.71	13.35	79.77	13.00	13.97	597.80	538.99	58.81	29.41
Admin/Children	427.22	13.35	85.65	13.00	13.97	553.19	538.99	14.20	7.10
Admin/Family	612.24	23.94	120.49	13.00	13.97	783.64	538.99	244.65	122.33

NEW HMO BLENDED CCASAPE PLAN ACTIVE 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	\$538.99	\$ 0.00	\$ 0.00
Admin/Spouse	403.19	13.35	79.77	13.00	13.97	523.28	538.99	0.00	0.00
Admin/Children	372.32	13.35	85.65	13.00	13.97	498.29	538.99	0.00	0.00
Admin/Family	507.01	23.94	120.49	13.00	13.97	678.41	538.99	139.42	69.71

CCASAPE POS MEDICARE ELIGIBLE ACTIVE 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	\$538.99	\$0.00	\$0.00
Admin/Spouse (One With*)	307.44	13.35	79.77	13.00	13.97	427.53	538.99	0.00	0.00
Admin/Spouse (Both With*)	328.80	13.35	79.77	13.00	13.97	448.89	538.99	0.00	0.00
Admin (With*)/Children	275.41	13.35	85.65	13.00	13.97	401.38	538.99	0.00	0.00
Family (One With*)	446.29	23.94	120.49	13.00	13.97	617.69	538.99	78.70	39.35
Family (Both With*)	467.65	23.94	120.49	13.00	13.97	639.05	538.99	100.06	50.03

*With means with Medicare

**CCSD Contribution will increase to \$552.77 on July 1, 2006

LEGEND:

HPN Health Plan of Nevada

VSP Vision Services Plan

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

CURRENT CCASAPE POS PLAN RETIREE PREMIUMS

DESCRIPTION	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	TOTAL PREMIUM	CCSD CONTRIBUTION	RETIREE'S MONTHLY DEDUCTION
Retiree Only	\$331.20	\$ 9.21	\$ 44.20	\$12.00	\$ 396.61	\$0.00	\$ 396.61
Retiree/Spouse	645.72	13.35	79.77	13.00	751.84	0.00	751.84
Retiree/Children	612.78	13.35	85.65	13.00	724.78	0.00	724.78
Retiree/Family	927.72	23.94	120.49	13.00	1,085.15	0.00	1,085.15

NEW CCASAPE POS PLAN 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

NEW CCASAPE HMO PLAN 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 POS MEDICARE ELIGIBLE 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