

BENEFITS PREMIUM CHART - FROM 1/1/2011 TO 12/31/2011

PLANS		TIER	EMPLOYEE/ 26 PAY	STATE/ 26 PAY	TOTAL/ 26 PAY	EMPLOYEE/ MONTH	STATE/ MONTH	TOTAL/ MONTH	STATE HSA/ MONTH*	2% COBRA FEE	COBRA/ MONTH	35% COBRA/ MONTH
MEDICAL PLANS												
CIGNA EPO	SINGLE	01	18.46	253.85	272.31	40.00	550.00	590.00		11.80	601.80	210.63
CIGNA EPO	EMP+A	02	54.92	522.92	577.84	119.00	1133.00	1252.00		25.04	1277.04	446.96
CIGNA EPO	EMP+C	03	46.62	497.54	544.16	101.00	1078.00	1179.00		23.58	1202.58	420.90
CIGNA EPO	FAMILY	04	102.00	648.46	750.46	221.00	1405.00	1626.00		32.52	1658.52	580.48
UNITEDHEALTHCARE EPO	SINGLE	01	18.46	253.85	272.31	40.00	550.00	590.00		11.80	601.80	210.63
UNITEDHEALTHCARE EPO	EMP+A	02	54.92	522.92	577.84	119.00	1133.00	1252.00		25.04	1277.04	446.96
UNITEDHEALTHCARE EPO	EMP+C	03	46.62	497.54	544.16	101.00	1078.00	1179.00		23.58	1202.58	420.90
UNITEDHEALTHCARE EPO	FAMILY	04	102.00	648.46	750.46	221.00	1405.00	1626.00		32.52	1658.52	580.48
UNITEDHEALTHCARE PPO	SINGLE	01	71.54	342.00	413.54	155.00	741.00	896.00		17.92	913.92	319.87
UNITEDHEALTHCARE PPO	EMP+A	02	161.54	695.08	856.62	350.00	1506.00	1856.00		37.12	1893.12	662.59
UNITEDHEALTHCARE PPO	EMP+C	03	152.77	667.85	820.62	331.00	1447.00	1778.00		35.56	1813.56	634.75
UNITEDHEALTHCARE PPO	FAMILY	04	224.31	890.31	1114.62	486.00	1929.00	2415.00		48.30	2463.30	862.16
AMERIBEN (BCBS OF AZ) EPO	SINGLE	01	18.46	253.85	272.31	40.00	550.00	590.00		11.80	601.80	210.63
AMERIBEN (BCBS OF AZ) EPO	EMP+A	02	54.92	522.92	577.84	119.00	1133.00	1252.00		25.04	1277.04	446.96
AMERIBEN (BCBS OF AZ) EPO	EMP+C	03	46.62	497.54	544.16	101.00	1078.00	1179.00		23.58	1202.58	420.90
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AMERIBEN (BCBS OF AZ) PPO	SINGLE	01	71.54	342.00	413.54	155.00	741.00	896.00		17.92	913.92	319.87
AMERIBEN (BCBS OF AZ) PPO	EMP+A	02	161.54	695.08	856.62	350.00	1506.00	1856.00		37.12	1893.12	662.59
AMERIBEN (BCBS OF AZ) PPO	EMP+C	03	152.77	667.85	820.62	331.00	1447.00	1778.00		35.56	1813.56	634.75
AMERIBEN (BCBS OF AZ) PPO	FAMILY	04	224.31	890.31	1114.62	486.00	1929.00	2415.00		48.30	2463.30	862.16
AETNA EPO	SINGLE	01	18.46	253.85	272.31	40.00	550.00	590.00		11.80	601.80	210.63
AETNA EPO	EMP+A	02	54.92	522.92	577.84	119.00	1133.00	1252.00		25.04	1277.04	446.96
AETNA EPO	EMP+C	03	46.62	497.54	544.16	101.00	1078.00	1179.00		23.58	1202.58	420.90
AETNA EPO	FAMILY	04	102.00	648.46	750.46	221.00	1405.00	1626.00		32.52	1658.52	580.48
AETNA PPO	SINGLE	01	71.54	342.00	413.54	155.00	741.00	896.00		17.92	913.92	319.87
AETNA PPO	EMP+A	02	161.54	695.08	856.62	350.00	1506.00	1856.00		37.12	1893.12	662.59
AETNA PPO	EMP+C	03	152.77	667.85	820.62	331.00	1447.00	1778.00		35.56	1813.56	634.75
AETNA PPO	FAMILY	04	224.31	890.31	1114.62	486.00	1929.00	2415.00		48.30	2463.30	862.16
AETNA HSO	SINGLE	01	12.00	232.15	244.15	26.00	503.00	529.00	42.00	10.58	539.58	188.85
AETNA HSO	EMP+A	02	47.08	466.15	513.23	102.00	1010.00	1112.00	83.00	22.24	1134.24	396.98
AETNA HSO	EMP+C	03	37.38	450.92	488.30	81.00	977.00	1058.00	83.00	21.16	1079.16	377.71
AETNA HSO	FAMILY	04	89.08	583.85	672.93	193.00	1265.00	1458.00	83.00	29.16	1487.16	520.51

*State HSA contribution is separate from the premium and therefore not included in the COBRA calculations.

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PLANS		TIER	EMPLOYEE/ 26 PAY	STATE/ 26 PAY	TOTAL/ 26 PAY	EMPLOYEE/ MONTH	STATE/ MONTH	TOTAL/ MONTH	STATE HSA/ MONTH*	2% COBRA FEE	COBRA/ MONTH	35% COBRA/ MONTH
DENTAL PLANS												
DELTA DENTAL	SINGLE	01	14.30	2.29	16.59	30.98	4.96	35.94		0.72	36.66	12.83
DELTA DENTAL	EMP+1	02	32.71	4.58	37.29	70.87	9.92	80.79		1.62	82.41	28.84
DELTA DENTAL	FAMILY	03	56.82	6.32	63.14	123.12	13.70	136.82		2.74	139.56	48.84
TOTAL DENTAL ADMIN	SINGLE	01	2.31	2.29	4.60	5.00	4.96	9.96		0.20	10.16	3.56
TOTAL DENTAL ADMIN	EMP+1	02	4.15	4.58	8.73	9.00	9.92	18.92		0.38	19.30	6.76
TOTAL DENTAL ADMIN	FAMILY	03	6.46	6.32	12.78	14.00	13.70	27.70		0.55	28.25	9.89
VISION PLAN (Fully Insured)												
AVESIS VISION CARE	SINGLE	01	2.23	N/A	2.23	4.83	N/A	4.83		0.10	4.93	1.73
AVESIS VISION CARE	EMP+1	02	6.24	N/A	6.24	13.52	N/A	13.52		0.27	13.79	4.83
AVESIS VISION CARE	FAMILY	03	7.78	N/A	7.78	16.86	N/A	16.86		0.34	17.20	6.02
LIFE PLANS - THE HARTFORD												
BASIC- \$15,000		BL		0.90			1.95					
DEPENDENT- \$2,000		02	0.43			0.94						
DEPENDENT- \$4,000		04	0.87			1.88						
DEPENDENT- \$6,000		06	1.30			2.82						
DEPENDENT-\$12,000		12	2.60			5.64						
DEPENDENT-\$15,000		15	3.25			7.05						
DEPENDENT-\$50,000		50	11.19			24.25						
THE HARTFORD - SUPPLEMENTAL PER \$5,000 COVERAGE		<30	0.23			0.50						
		30-34	0.28			0.60						
		35-39	0.32			0.70						
		40-44	0.55			1.20						
		45-49	0.74			1.60						
		50-54	1.20			2.60						
		55-59	1.71			3.70						
		60-64	3.09			6.70						
		65-69	3.09			6.70						
		70+	4.89			10.60						
LONG TERM DISABILITY PLAN THE HARTFORD												
SHORT TERM DISABILITY PLAN THE HARTFORD		SD										
						\$0.25 / \$100 of earned wages						
						\$0.70 / \$100 of earned wages						

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