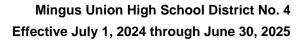




Medical and Prescription (Monthly Rates)					
Copay Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$423.00	\$322.00	\$745.00	\$759.90	
Individual + Spouse/Domestic Partner	\$423.00	\$995.00	\$1418.00	\$1446.36	
Individual + Child(ren)	\$423.00	\$844.00	\$1267.00	\$1292.34	
Individual + Family	\$423.00	\$1411.00	\$1834.00	\$1870.68	
1,600 HDHP	Employer Pays	You Pay	Total	COBRA	
Individual	\$423.00	\$173.00	\$596.00	\$607.92	
Individual + Spouse/Domestic Partner	\$423.00	\$706.00	\$1129.00	\$1151.58	
Individual + Child(ren)	\$423.00	\$587.00	\$1010.00	\$1030.20	
Individual + Family	\$423.00	\$1040.00	\$1463.00	\$1492.26	
5,000 HDHP	Employer Pays	You Pay	Total	COBRA	
Individual	\$423.00	\$0.00	\$423.00	\$431.46	
Individual + Spouse/Domestic Partner	\$423.00	\$383.00	\$806.00	\$822.12	
Individual + Child(ren)	\$423.00	\$295.00	\$718.00	\$732.36	
Individual + Family	\$423.00	\$618.00	\$1041.00	\$1061.82	

Optional Notes:

See attached for all other ancillary products.





Ancillary Rates

BENEFIT	PROVIDER			
Basic Life (Includes AD&D)	MetLife			
Monthly Rates				
	Cost Per \$50,000			
Employer paid	\$5.20			