



## EMPLOYEE COST SHARING

*January 1, 2006 through December 31, 2006*



2006 BENEFIT RATES						
Type of Benefit	Single		2-Person		Family	
	Monthly	Semi	Monthly	Semi	Monthly	Semi
HMO Medical	97.05	48.53	194.08	97.04	262.16	131.08
PPO Medical	127.01	63.51	254.03	127.02	342.94	171.47



Type of Benefit	Single		2-Person		Family	
Dental insurance	5.55	2.77	10.21	5.10	18.03	9.02



Type of Benefit	Single		2-Person		Employee + Children		Family	
	Monthly	Semi	Monthly	Semi	Monthly	Semi	Monthly	Semi
Vision Plan	7.62	3.81	12.18	6.09	12.44	6.22	20.04	10.02