

**LOCAL EDUCATION  
HEALTH INSURANCE RATES EFFECTIVE  
JAN. 1, 2007**

| PLAN                   | SINGLE/ FAMILY      | %   | EMPLOYEE SHARE | COUNTY SHARE | TOTAL    |
|------------------------|---------------------|-----|----------------|--------------|----------|
| CIGNA                  | EMPLOYEE            | 30% | 119.46         | 278.74       | 398.20   |
| POS WEST               | TOTAL SINGLE POLICY |     | <b>119.46</b>  |              |          |
|                        | DEPENDENTS          | 55% | 327.62         | 268.06       | 595.68   |
|                        | TOTAL FAMILY POLICY |     | <b>447.08</b>  | 546.80       | 993.88   |
|                        |                     |     |                |              |          |
| BLUE CROSS BLUE SHIELD | EMPLOYEE ONLY       | 30% | 130.35         | 304.14       | 434.49   |
| PPO BLUE PREFERRED     | TOTAL SINGLE POLICY |     | <b>130.35</b>  |              |          |
|                        | DEPENDENTS          | 55% | 357.45         | 292.46       | 649.91   |
|                        | TOTAL FAMILY POLICY |     | <b>487.80</b>  | 596.60       | 1,084.40 |

BLUE CROSS BLUE SHIELD CUSTOMER SERVICE NUMBER:

1-800-558-6213

BLUE CROSS BLUE SHIELD WEB SITE:

[www.bcbst.com](http://www.bcbst.com)

CIGNA HEALTH CARE CUSTOMER SERVICE NUMBER:

1-800-244-6224

CIGNA HEALTH CARE WEB SITE:

[www.cigna.com](http://www.cigna.com)

THE EMPLOYEE PAYS 30% OF THE EMPLOYEE TOTAL PREMIUM AND 55% OF THEIR DEPENDENTS.