

**LOCAL EDUCATION  
HEALTH INSURANCE RATES**

**EFFECTIVE 1/1/2008**

PLAN	SINGLE/ FAMILY	%	EMPLOYEE SHARE	COUNTY SHARE	TOTAL
CIGNA	EMPLOYEE	25%	105.52	316.57	422.09
POS WEST	TOTAL SINGLE POLICY		<b>105.52</b>		
	DEPENDENTS	50%	315.71	315.71	631.42
	TOTAL FAMILY POLICY		<b>421.23</b>	632.28	1053.51
BLUE CROSS BLUE SHIELD	EMPLOYEE ONLY	25%	115.14	345.42	460.56
PPO BLUE PREFERRED	TOTAL SINGLE POLICY		<b>115.14</b>		
	DEPENDENTS	50%	344.45	344.45	688.90
	TOTAL FAMILY POLICY		<b>459.59</b>	689.87	1,149.46

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 25% OF THE EMPLOYEE TOTAL PREMIUM AND 50% OF THEIR DEPENDENTS.