

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

PLAN	SINGLE/ FAMILY	%	EMPLOYEE SHARE	COUNTY SHARE	TOTAL
CIGNA HEALTH CARE	EMPLOYEE	30%	133.30	311.01	444.31
POS WEST	TOTAL SINGLE POLICY		<b>133.30</b>		
	DEPENDENTS	55%	365.76	299.25	665.01
	TOTAL FAMILY POLICY		<b>499.06</b>	610.26	1109.32
BLUE CROSS BLUE SHIELD	EMPLOYEE ONLY	30%	138.70	323.66	462.36
PPO BLUE PREFERRED	TOTAL SINGLE POLICY		<b>138.70</b>		
	DEPENDENTS	55%	380.66	311.46	692.12
	TOTAL FAMILY POLICY		<b>519.36</b>	635.12	1154.48
BLUE CROSS BLUE SHIELD	EMPLOYEE ONLY	30%	93.61	218.41	312.02
PPO LIMITED	TOTAL SINGLE POLICY		<b>93.61</b>		
	DEPENDENTS	55%	256.89	210.18	467.07
	TOTAL FAMILY POLICY		<b>350.49</b>	428.60	779.09

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.