

**LOCAL GOVERNMENT
HEALTH INSURANCE RATES**

EFFECTIVE 1/1/2008

PLAN	SINGLE/ FAMILY	%	EMPLOYEE SHARE	COUNTY SHARE	TOTAL
CIGNA HEALTH CARE	EMPLOYEE	25%	124.40	373.23	497.63
POS WEST	TOTAL SINGLE POLICY		124.40		
	DEPENDENTS	50%	372.40	372.41	744.81
	TOTAL FAMILY POLICY		496.80	745.64	1242.44
BLUE CROSS BLUE SHIELD	EMPLOYEE ONLY	25%	129.46	388.38	517.84
PPO BLUE PREFERRED	TOTAL SINGLE POLICY		129.46		
	DEPENDENTS	50%	387.58	387.60	775.18
	TOTAL FAMILY POLICY		517.04	775.98	1293.02
BLUE CROSS BLUE SHIELD	EMPLOYEE ONLY	25%	87.36	262.10	349.46
PPO LIMITED	TOTAL SINGLE POLICY		87.36		
	DEPENDENTS	50%	261.56	261.56	523.12
	TOTAL FAMILY POLICY		348.92	523.66	872.58

BLUE CROSS BLUE SHIELD CUSTOMER SERVICE NUMBER:

1-800-558-6213

BLUE CROSS BLUE SHIELD WEB SITE:

www.bcbst.com

CIGNA HEALTH CARE CUSTOMER SERVICE NUMBER:

1-800-244-6224

CIGNA HEALTH CARE WEB SITE:

www.cigna.com

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