

ACTIVE EMPLOYEE - MONTHLY PREMIUMS – October 1, 2005 through September 30, 2006

Arizona Benefit Options HEALTH INSURANCE

Your available medical plan options and their costs will be based on your primary residence. Seasonal or secondary addresses cannot be used.

PLAN TYPE	SINGLE			FAMILY		
	Employee	State	Total	Employee	State	Total
Southern Region: Pima, Santa Cruz Counties						
RAN+AMN (HMA) EPO	\$25.00	\$344.28	\$369.28	\$125.00	\$788.88	\$913.88
Schaller Anderson (SA) EPO	\$25.00	\$344.28	\$369.28	\$125.00	\$788.88	\$913.88
United Healthcare (UHC) EPO	\$35.00	\$344.28	\$379.28	\$135.00	\$788.88	\$923.88
Arizona Foundation (AZF) PPO	\$140.00	\$428.64	\$568.64	\$390.00	\$979.26	\$1,369.26
United Healthcare (UHC) PPO	\$150.00	\$428.64	\$578.64	\$400.00	\$979.26	\$1,379.26
Central Region: Maricopa, Gila, Pinal Counties						
RAN+AMN (HMA) EPO	\$25.00	\$355.68	\$380.68	\$125.00	\$818.52	\$943.52
Schaller Anderson (SA) EPO	\$25.00	\$355.68	\$380.68	\$125.00	\$818.52	\$943.52
United Healthcare (UHC) EPO	\$35.00	\$355.68	\$390.68	\$135.00	\$818.52	\$953.52
Arizona Foundation (AZF) PPO	\$140.00	\$477.66	\$617.66	\$390.00	\$1,117.20	\$1,507.20
United Healthcare (UHC) PPO	\$150.00	\$477.66	\$627.66	\$400.00	\$1,117.20	\$1,517.20
Northern, Southeastern and Western Regions: Yavapai, Coconino, Navajo, Apache, Graham, Greenlee, Cochise, Mohave, La Paz and Yuma Counties						
RAN+AMN (HMA) EPO	\$25.00	\$478.80	\$503.80	\$125.00	\$1,126.32	\$1,251.32
Arizona Foundation (AZF) PPO	\$140.00	\$505.02	\$645.02	\$390.00	\$1,217.52	\$1,607.52
Out-of-State						
Beech Street PPO	\$25.00	\$636.12	\$661.12	\$125.00	\$1,519.62	\$1,644.62

Arizona Benefit Options DENTAL PLANS

PLAN	SINGLE			FAMILY		
	Employee	State	Total	Employee	State	Total
Delta Dental	\$14.56	\$15.40	\$29.96	\$54.14	\$43.50	\$97.64
MetLife Dental	\$12.90	\$15.40	\$28.30	\$45.00	\$43.50	\$88.50
Employers Dental Services (EDS)	\$4.02	\$6.18	\$10.20	\$18.16	\$11.50	\$29.66
Fortis Dental	\$4.68	\$6.18	\$10.86	\$18.02	\$11.50	\$29.52

Arizona Benefit Options AVESIS, INC. VISION PLAN

SINGLE \$6.34	FAMILY \$17.18
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SHORT TERM DISABILITY (STD) PLANS

PLAN	COST	FORMULA TO CALCULATE MONTHLY PREMIUM	MAXIMUM ANNUAL SALARY FOR PREMIUM COMPUTATION PURPOSES
Standard	\$0.89 per \$100 of base salary	Annual salary ÷ 12 x .0089	\$60,000
UnumProvident	\$0.84 per \$100 of base salary	Annual salary ÷ 12 x .0084	\$53,857

SUPPLEMENTAL LIFE INSURANCE (per \$1000 of coverage)

PLAN	AGE	UNDER 30	30-35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Standard		\$0.10	\$0.12	\$0.14	\$0.24	\$0.32	\$0.52	\$0.74	\$1.34	\$1.34	\$2.12
Aetna		\$0.08	\$0.08	\$0.12	\$0.20	\$0.32	\$0.38	\$0.60	\$0.92	\$1.38	*

* Contact Human Resources for rate

DEPENDENT LIFE INSURANCE

Standard		Aetna (supplemental life enrollment required)	
LEVEL OF COVERAGE	COST	LEVEL OF COVERAGE	COST
\$2,000	\$0.94	Spouse \$5,000 and Child(ren) \$5,000	\$0.66
\$ 4,000	\$1.88		
\$ 6,000	\$2.82		
\$12,000	\$5.64		
\$15,000	\$7.06		

ACTIVE EMPLOYEE – PER PAY PERIOD PREMIUMS – October 1, 2005 through September 30, 2006

Arizona Benefit Options HEALTH INSURANCE

Your available medical plan options and their costs will be based on your primary residence. Seasonal or secondary addresses cannot be used.

PLAN TYPE	SINGLE			FAMILY		
	Employee	State	Total	Employee	State	Total
Southern Region: Pima, Santa Cruz Counties						
RAN+AMN (HMA) EPO	\$12.50	\$172.14	\$184.64	\$62.50	\$394.44	\$408.50
Schaller Anderson (SA) EPO	\$12.50	\$172.14	\$184.64	\$62.50	\$394.44	\$408.50
United Healthcare (UHC) EPO	\$17.50	\$172.14	\$189.64	\$67.50	\$394.44	\$413.50
Arizona Foundation (AZF) PPO	\$70.00	\$214.32	\$284.32	\$195.00	\$489.63	\$624.50
United Healthcare (UHC) PPO	\$75.00	\$214.32	\$289.32	\$200.00	\$489.63	\$629.50
Central Region: Maricopa, Gila, Pinal Counties						
RAN+AMN (HMA) EPO	\$12.50	\$177.84	\$190.34	\$62.50	\$409.26	\$471.76
Schaller Anderson (SA) EPO	\$12.50	\$177.84	\$190.34	\$62.50	\$409.26	\$471.76
United Healthcare (UHC) EPO	\$17.50	\$177.84	\$195.34	\$67.50	\$409.26	\$476.76
Arizona Foundation (AZF) PPO	\$70.00	\$238.83	\$308.83	\$195.00	\$558.60	\$753.60
United Healthcare (UHC) PPO	\$75.00	\$238.83	\$313.83	\$200.00	\$558.60	\$758.60
Northern, Southeastern and Western Regions: Yavapai, Coconino, Navajo, Apache, Graham, Greenlee, Cochise, Mohave, La Paz and Yuma Counties						
RAN+AMN (HMA) EPO	\$12.50	\$239.40	\$251.90	\$62.50	\$563.16	\$625.66
Arizona Foundation (AZF) PPO	\$70.00	\$221.50	\$291.50	\$195.00	\$608.76	\$803.76
Out-of-State						
Beech Street PPO	\$12.50	\$318.06	\$330.56	\$62.50	\$759.81	\$822.31

Arizona Benefit Options DENTAL PLANS

PLAN	SINGLE			FAMILY		
	Employee	State	Total	Employee	State	Total
Delta Dental	\$7.28	\$7.70	\$14.98	\$27.07	\$21.75	\$48.82
MetLife Dental	\$6.45	\$7.70	\$14.15	\$22.50	\$21.75	\$44.25
Employers Dental Services (EDS)	\$2.01	\$3.09	\$5.10	\$9.08	\$5.75	\$14.83
Fortis Dental	\$2.34	\$3.09	\$5.43	\$9.01	\$5.75	\$14.76

Arizona Benefit Options AVESIS, INC. VISION PLAN

SINGLE \$3.17	FAMILY \$8.59
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SHORT TERM DISABILITY (STD) PLANS

PLAN	COST	FORMULA TO CALCULATE MONTHLY PREMIUM	MAXIMUM ANNUAL SALARY FOR PREMIUM COMPUTATION PURPOSES
Standard	\$0.89 per \$100 of base salary	Annual salary ÷ 12 x .0089	\$60,000
UnumProvident	\$0.84 per \$100 of base salary	Annual salary ÷ 12 x .0084	\$53,857

SUPPLEMENTAL LIFE INSURANCE (per \$1000 of coverage)

PLAN	AGE	UNDER 30	30-35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Standard		\$0.05	\$0.06	\$0.07	\$0.12	\$0.16	\$0.26	\$0.37	\$0.67	\$0.67	\$1.06
Aetna		\$0.04	\$0.04	\$0.06	\$0.10	\$0.16	\$0.19	\$0.30	\$0.46	\$0.69	*

* Contact Human Resources for rate

DEPENDENT LIFE INSURANCE

Standard		Aetna (supplemental life enrollment required)	
LEVEL OF COVERAGE	COST	LEVEL OF COVERAGE	COST
\$2,000	\$0.47	Spouse \$5,000 and Child(ren) \$5,000	\$0.33
\$ 4,000	\$0.94		
\$ 6,000	\$1.41		
\$12,000	\$2.82		
\$15,000	\$3.53		