

**2005-06 COBRA INSURANCE PREMIUMS
(Effective through 6/30/06)**

MEDICAL PLANS	MEDICAL PREMIUM	PREMIUM + ADMIN. FEE*
BLUE SHIELD HMO \$10 OV COPAY, \$250 HOSPITAL CHARGE		
Employee Only	221.51	225.94
with 1 Dependent	412.18	420.42
Two + Dependents	642.41	655.26
BLUE SHIELD HMO \$10 OV COPAY		
Employee Only	345.42	352.33
with 1 Dependent	642.16	655.00
Two + Dependents	1002.09	1022.13
BLUE SHIELD \$0 OV COPAY		
Employee Only	356.10	363.22
with 1 Dependent	662.00	675.24
Two + Dependents	1033.11	1053.77
BLUE SHIELD POS		
Employee Only	590.06	601.86
with 1 Dependent	1097.13	1119.07
Two + Dependents	1711.53	1745.76
BLUE SHIELD PPO		
Employee Only	263.15	268.41
with 1 Dependent	489.35	499.14
Two + Dependents	762.58	777.83

DENTAL PLANS	DENTAL PREMIUM	PREMIUM + ADMIN. FEE*
COUNTY SELF-FUNDED DENTAL PLAN		
Employee Only	42.63	43.48
with 1 Dependent	81.91	83.55
Two + Dependents	126.10	128.62
GOLDEN WEST DENTAL HMO		
Employee Only	25.40	25.91
with 1 Dependent	41.75	42.59
Two + Dependents	63.38	64.65

EMPLOYEE ASSISTANCE	PREMIUM	PREMIUM + ADMIN. FEE*
MHN EMPLOYEE ASSISTANCE PROGRAM		
Employee Only	2.93	2.99
with 1 Dependent	2.93	2.99
Two + Dependents	2.93	2.99

* COBRA participants are charged a federally allowable 2% administration fee.