

## 2007 MONTHLY EMPLOYEE BENEFIT PREMIUM AMOUNTS

Benefit Program	Employee	Employee & Spouse	Employee & Children	Employee, Spouse, & Children
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<b>Medical</b>				
Choice Plus POS Program	\$98.94	\$218.64	\$167.16	\$285.24
Catastrophic Program	\$43.94	\$102.92	\$61.50	\$123.50
Humana HMO	\$137.32	\$303.58	\$232.22	\$394.66

<b>Dental</b>	13.64	27.30	33.12	46.76
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<b>Vision</b>	6.00	12.00	13.00	20.60
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<b>Long Term Disability - Per \$100 of Covered Monthly Salary</b>	
Plan A: \$0.00	Plan B: \$.21

<b>Accidental Death &amp; Dismemberment Plan – Per Coverage Amount Listed</b>		
Coverage Amount	Employee Only	Employee & Family
\$25,000	\$.53	\$.73
\$50,000	\$1.05	\$1.45
\$75,000	\$1.58	\$2.18
\$100,000	\$2.10	\$2.90
\$125,000	\$2.63	\$3.63
\$150,000	\$3.15	\$4.35

<b>Long Term Care – Call MetLife at 800-438-6388 for individual quote</b>
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Please see next page -

<b>Basic Life Insurance – Per \$1,000 of Coverage</b>			
<b>Plan A: \$0.00</b>		<b>Plan B: \$.044</b>	
<b>Supplemental Life Insurance – Per \$1,000 of Coverage</b>		<b>Spouse Life Insurance – Per \$1,000 of Coverage</b>	
<b>Employee Age</b>	<b>Amount</b>	<b>Spouse Age</b>	<b>Amount</b>
<30	\$.04	<30	\$.07
30-34	\$.04	30-34	\$.09
35-39	\$.07	35-39	\$.12
40-44	\$.11	40-44	\$.18
45-49	\$.18	45-49	\$.27
50-54	\$.31	50-54	\$.41
55-59	\$.52	55-59	\$.63
60-64	\$.68	60-64	\$.99
65-69	\$1.08	65-69	\$1.56
70	\$1.80	70-74	\$2.49
71	\$2.53	75-79	\$4.07
72	\$3.04	80-84	\$6.33
73	\$3.38	85-89	\$9.92
74	\$3.74	90-94	\$14.56
75	\$4.12		
76	\$4.53		
77	\$4.95		
78	\$5.41		
79	\$5.89		
80	\$6.42		
81	\$7.02		
82	\$7.72		
83	\$8.48		
84	\$9.32		
85	\$10.21		
86	\$11.14		
87	\$12.10		
88	\$13.10		
89	\$14.14		
90	\$15.24		
91	\$16.44		
92	\$17.78		
93	\$19.42		
94	\$21.71		
		<b>Dependent Child Life Insurance – Per Coverage Amount Listed</b>	
		<b>\$5,000</b>	<b>\$.39</b>
		<b>\$10,000</b>	<b>\$.78</b>
		<b>\$15,000</b>	<b>\$1.17</b>
		<b>\$20,000</b>	<b>\$1.56</b>
		<b>\$25,000</b>	<b>\$1.95</b>