BENEFITS PREMIUM CHART - FROM 10/1/04 TO 9/30/05

PLANS BY COUNTY	S/F	PLAN CODE	EMPLOYEE/ PAY	STATE/ PAY	TOTAL/ PAY	EMPLOYEE/ MONTH	STATE/ MONTH	TOTAL/ MONTH	2% COBRA FEE	COBRA/ MONTH
Central Region										
Maricopa, Gila, Pinal Counties										
MEDICAL PLANS										
RAN/AMN (HMA) EPO	SINGLE	11	12.50	156.00	168.50	25.00	312.00	337.00	6.74	343.74
RAN/AMN (HMA) EPO	FAMILY	12	62.50	359.00	421.50	125.00	718.00	843.00	16.86	859.86
Schaller Anderson Healthcare (SA) EPO	SINGLE	21	12.50	156.00	168.50	25.00	312.00	337.00	6.74	343.74
Schaller Anderson Healthcare (SA) EPO	FAMILY	22	62.50	359.00	421.50	125.00	718.00	843.00	16.86	859.86
United (UHC) EPO	SINGLE	01	17.50	156.00	173.50	35.00	312.00	347.00	6.94	353.94
United (UHC) EPO	FAMILY	02	67.50	359.00	426.50	135.00	718.00	853.00	17.06	870.06
AZ Foundation (AZF) PPO	SINGLE	25	70.00	209.50	279.50	140.00	419.00	559.00	11.18	570.18
AZ Foundation (AZF) PPO	FAMILY	26	195.00	490.00	685.00	390.00	980.00	1370.00	27.40	1397.40
United (UHC) PPO	SINGLE	03	75.00	209.50	284.50	150.00	419.00	569.00	11.38	580.38
United (UHC) PPO	FAMILY	04	200.00	490.00	690.00	400.00	980.00	1380.00	27.60	1407.60
Southern Region										
Pima, Santa Cruz Counties										
MEDICAL PLANS										
RAN/AMN (HMA) EPO	SINGLE	09	12.50	151.00	163.50	25.00	302.00	327.00	6.54	333.54
RAN/AMN (HMA) EPO	FAMILY	10	62.50	346.00	408.50	125.00	692.00	817.00	16.34	833.34
Schaller Anderson Healthcare (SA) EPO	SINGLE	19	12.50	151.00	163.50	25.00	302.00	327.00	6.54	333.54
Schaller Anderson Healthcare (SA) EPO	FAMILY	20	62.50	346.00	408.50	125.00	692.00	817.00	16.34	833.34
United (UHC) EPO	SINGLE	05	17.50	151.00	168.50	35.00	302.00	337.00	6.74	343.74
United (UHC) EPO	FAMILY	06	67.50	346.00	413.50	135.00	692.00	827.00	16.54	843.54

BENEFITS PREMIUM CHART - FROM 10/1/04 TO 9/30/05

PLANS BY COUNTY	S/F	PLAN CODE	EMPLOYEE/ PAY	STATE/ PAY	TOTAL/ PAY	EMPLOYEE/ MONTH	STATE/ MONTH	TOTAL/ MONTH	2% COBRA FEE	COBRA/ MONTH
Southern Region (Cont.)										
AZ Foundation (AZF) PPO	SINGLE	23	70.00	188.00	258.00	140.00	376.00	516.00	10.32	526.32
AZ Foundation (AZF) PPO	FAMILY	24	195.00	429.50	624.50	390.00	859.00	1249.00	24.98	1273.98
United (UHC) PPO	SINGLE	07	75.00	188.00	263.00	150.00	376.00	526.00	10.52	536.52
United (UHC) PPO	FAMILY	08	200.00	429.50	629.50	400.00	859.00	1259.00	25.18	1284.18
North Region										
Yavapai, Coconino, Navajo, Apache										
RAN/AMN (HMA) EPO	SINGLE	15	12.50	210.00	222.50	25.00	420.00	445.00	8.90	453.90
RAN/AMN (HMA) EPO	FAMILY	16	62.50	494.00	556.50	125.00	988.00	1113.00	22.26	1135.26
Arizona Foundation (AZF) PPO	SINGLE	29	70.00	221.50	291.50	140.00	443.00	583.00	11.66	594.66
Arizona Foundation (AZF) PPO	FAMILY	30	195.00	534.00	729.00	390.00	1068.00	1458.00	29.16	1487.16
SouthEastern Region										
Graham, Greenlee, Cochise										
RAN/AMN (HMA) EPO	SINGLE	13	12.50	210.00	222.50	25.00	420.00	445.00	8.90	453.90
RAN/AMN (HMA) EPO	FAMILY	14	62.50	494.00	556.50	125.00	988.00	1113.00	22.26	1135.26
Arizona Foundation (AZF) PPO	SINGLE	27	70.00	221.50	291.50	140.00	443.00	583.00	11.66	594.66
Arizona Foundation (AZF) PPO	FAMILY	28	195.00	534.00	729.00	390.00	1068.00	1458.00	29.16	1487.16
Western Region										
Mohave, La Paz, Yuma										
RAN/AMN (HMA) EPO	SINGLE	17	12.50	210.00	222.50	25.00	420.00	445.00	8.90	453.90
RAN/AMN (HMA) EPO	FAMILY	18	62.50	494.00	556.50	125.00	988.00	1113.00	22.26	1135.26
Arizona Foundation (AZF) PPO	SINGLE	31	70.00	221.50	291.50	140.00	443.00	583.00	11.66	594.66
Arizona Foundation (AZF) PPO	FAMILY	32	195.00	534.00	729.00	390.00	1068.00	1458.00	29.16	1487.16
Out Of State										
Beech Street PPO	SINGLE	33	12.50	279.00	291.50	25.00	558.00	583.00	11.66	594.66
Beech Street PPO	FAMILY	34	62.50	666.50	729.00	125.00	1333.00	1458.00	29.16	1487.16

BENEFITS PREMIUM CHART - FROM 10/1/04 TO 9/30/05

PLANS BY COUNTY	S/F	PLAN CODE	EMPLOYEE/ PAY	STATE/ PAY	TOTAL/ PAY	EMPLOYEE/ MONTH	STATE/ MONTH	TOTAL/ MONTH	2% COBRA FEE	COBRA/ MONTH
NAU - Blue Cross/Blue Shield										
BCBSAZ PPO	SINGLE	93	7.50	215.07	222.57	15.00	430.14	445.14	8.90	454.04
BCBSAZ PPO	FAMILY	94	57.50	514.32	571.82	115.00	1028.64	1143.64	22.87	1166.51
DENTAL PLANS										
DELTA DENTAL	SINGLE	03	6.05	7.70	13.75	12.10	15.40	27.50	0.55	28.05
DELTA DENTAL	FAMILY	04	22.95	21.75	44.70	45.90	43.50	89.40	1.79	91.19
EMPLOYERS DENTAL SERVICES	SINGLE	09	1.77	3.09	4.86	3.54	6.18	9.72	0.19	9.91
EMPLOYERS DENTAL SERVICES	FAMILY	10	8.36	5.75	14.11	16.72	11.50	28.22	0.56	28.78
METLIFE DENTAL	SINGLE	07	6.05	7.70	13.75	12.10	15.40	27.50	0.55	28.05
METLIFE DENTAL	FAMILY	08	21.23	21.75	42.98	42.46	43.50	85.96	1.72	87.68
FORTIS DENTAL	SINGLE	01	2.34	3.09	5.43	4.68	6.18	10.86	0.22	11.08
FORTIS DENTAL	FAMILY	02	9.01	5.75	14.76	18.02	11.50	29.52	0.59	30.11
VISION PLAN										
AVESIS VISION CARE	SINGLE	05	3.17	N/A	3.17	6.34	N/A	6.34	0.13	6.47
AVESIS VISION CARE	FAMILY	06	8.59	N/A	8.59	17.18	N/A	17.18	0.34	17.52
LIFE PLANS - STANDARD										
BASIC- $15,000		BL		1.53			3.06			
DEPENDENT- $2,000		01	0.47			0.94				
DEPENDENT- $4,000		02	0.94			1.88				
DEPENDENT- $6,000		03	1.41			2.82				
DEPENDENT-$12,000		04	2.82			5.64				
DEPENDENT-$15,000		05	3.53			7.06				
STANDARD - SUPPLEMENTAL		<30	0.25			0.50				
PER $5,000 COVERAGE		30-34	0.30			0.60				
		35-39	0.35			0.70				
		40-44	0.60			1.20				
		45-49	0.80			1.60				
		50-54	1.30			2.60				
		55-59	1.85			3.70				
		60-64	3.35			6.70				
		65-69	3.35			6.70				
		70+	5.30			10.60				
SHORT TERM DISABILITY PLAN										
STANDARD		SD				$0.89 / $100 of base salary				