BENEFITS PREMIUM CHART - FROM 10/1/05 TO 9/30/06

PLANS BY COUNTY	S/F	PLAN CODE	EMPLOYEE/ 26 PAY	STATE/ 26 PAY	TOTAL/ 26 PAY	EMPLOYEE/ MONTH	STATE/ MONTH	TOTAL/ MONTH	2% COBRA FEE	COBRA/ MONTH
Central Region										
Maricopa, Gila, Pinal Counties										
RAN/AMN (HMA) EPO	SINGLE	11	11.54	164.16	175.70	25.00	355.68	380.68	7.61	388.29
RAN/AMN (HMA) EPO	FAMILY	12	57.69	377.78	435.47	125.00	818.52	943.52	18.87	962.39
Schaller Anderson Healthcare (SA) EPO	SINGLE	21	11.54	164.16	175.70	25.00	355.68	380.68	7.61	388.29
Schaller Anderson Healthcare (SA) EPO	FAMILY	22	57.69	377.78	435.47	125.00	818.52	943.52	18.87	962.39
United (UHC) EPO	SINGLE	01	16.15	164.16	180.31	35.00	355.68	390.68	7.81	398.49
United (UHC) EPO	FAMILY	02	62.31	377.78	440.09	135.00	818.52	953.52	19.07	972.59
AZ Foundation (AZF) PPO	SINGLE	25	64.62	220.46	285.07	140.00	477.66	617.66	12.35	630.01
AZ Foundation (AZF) PPO	FAMILY	26	180.00	515.63	695.63	390.00	1117.20	1507.20	30.14	1537.34
United (UHC) PPO	SINGLE	03	69.23	220.46	289.69	150.00	477.66	627.66	12.55	640.21
United (UHC) PPO	FAMILY	04	184.62	515.63	700.25	400.00	1117.20	1517.20	30.34	1547.54
Southern Region										
Pima, Santa Cruz Counties										
RAN/AMN (HMA) EPO	SINGLE	09	11.54	158.90	170.44	25.00	344.28	369.28	7.39	376.67
RAN/AMN (HMA) EPO	FAMILY	10	57.69	364.10	421.79	125.00	788.88	913.88	18.28	932.16
Schaller Anderson Healthcare (SA) EPO	SINGLE	19	11.54	158.90	170.44	25.00	344.28	369.28	7.39	376.67
Schaller Anderson Healthcare (SA) EPO	FAMILY	20	57.69	364.10	421.79	125.00	788.88	913.88	18.28	932.16
United (UHC) EPO	SINGLE	05	16.15	158.90	175.05	35.00	344.28	379.28	7.59	386.87
United (UHC) EPO	FAMILY	06	62.31	364.10	426.41	135.00	788.88	923.88	18.48	942.36
AZ Foundation (AZF) PPO	SINGLE	23	64.62	197.83	262.45	140.00	428.64	568.64	11.37	580.01
AZ Foundation (AZF) PPO	FAMILY	24	180.00	451.97	631.97	390.00	979.26	1369.26	27.39	1396.65
United (UHC) PPO	SINGLE	07	69.23	197.83	267.06	150.00	428.64	578.64	11.57	590.21
United (UHC) PPO	FAMILY	08	184.62	451.97	636.58	400.00	979.26	1379.26	27.59	1406.85

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PLANS BY COUNTY	S/F	PLAN CODE	EMPLOYEE/ 26 PAY	STATE/ 26 PAY	TOTAL/ 26 PAY	EMPLOYEE/ MONTH	STATE/ MONTH	TOTAL/ MONTH	2% COBRA FEE	COBRA/ MONTH
North Region										
Yavapai, Coconino, Navajo, Apache										
RAN/AMN (HMA) EPO	SINGLE	15	11.54	220.98	232.52	25.00	478.80	503.80	10.08	513.88
RAN/AMN (HMA) EPO	FAMILY	16	57.69	519.84	577.53	125.00	1126.32	1251.32	25.03	1276.35
Schaller Anderson Healthcare (SA) EPO	SINGLE	35	11.54	220.98	232.52	25.00	478.80	503.80	10.08	513.88
Schaller Anderson Healthcare (SA) EPO	FAMILY	36	57.69	519.84	577.53	125.00	1126.32	1251.32	25.03	1276.35
Arizona Foundation (AZF) PPO	SINGLE	29	64.62	233.09	297.70	140.00	505.02	645.02	12.90	657.92
Arizona Foundation (AZF) PPO	FAMILY	30	180.00	561.93	741.93	390.00	1217.52	1607.52	32.15	1639.67
SouthEastern Region										
Graham, Greenlee, Cochise										
RAN/AMN (HMA) EPO	SINGLE	13	11.54	220.98	232.52	25.00	478.80	503.80	10.08	513.88
RAN/AMN (HMA) EPO	FAMILY	14	57.69	519.84	577.53	125.00	1126.32	1251.32	25.03	1276.35
Schaller Anderson Healthcare (SA) EPO	SINGLE	37	11.54	220.98	232.52	25.00	478.80	503.80	10.08	513.88
Schaller Anderson Healthcare (SA) EPO	FAMILY	38	57.69	519.84	577.53	125.00	1126.32	1251.32	25.03	1276.35
Arizona Foundation (AZF) PPO	SINGLE	27	64.62	233.09	297.70	140.00	505.02	645.02	12.90	657.92
Arizona Foundation (AZF) PPO	FAMILY	28	180.00	561.93	741.93	390.00	1217.52	1607.52	32.15	1639.67
Western Region										
Mohave, La Paz, Yuma										
RAN/AMN (HMA) EPO	SINGLE	17	11.54	220.98	232.52	25.00	478.80	503.80	10.08	513.88
RAN/AMN (HMA) EPO	FAMILY	18	57.69	519.84	577.53	125.00	1126.32	1251.32	25.03	1276.35
Schaller Anderson Healthcare (SA) EPO	SINGLE	39	11.54	220.98	232.52	25.00	478.80	503.80	10.08	513.88
Schaller Anderson Healthcare (SA) EPO	FAMILY	40	57.69	519.84	577.53	125.00	1126.32	1251.32	25.03	1276.35
Arizona Foundation (AZF) PPO	SINGLE	31	64.62	233.09	297.70	140.00	505.02	645.02	12.90	657.92
Arizona Foundation (AZF) PPO	FAMILY	32	180.00	561.93	741.93	390.00	1217.52	1607.52	32.15	1639.67
Out Of State										
Beech Street PPO	SINGLE	33	11.54	293.59	305.13	25.00	636.12	661.12	13.22	674.34
Beech Street PPO	FAMILY	34	57.69	701.36	759.06	125.00	1519.62	1644.62	32.89	1677.51

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DENTAL PLANS										
DELTA DENTAL	SINGLE	03	6.72	7.11	13.83	14.56	15.40	29.96	0.60	30.56
DELTA DENTAL	FAMILY	04	24.99	20.08	45.06	54.14	43.50	97.64	1.95	99.59
EMPLOYERS DENTAL SERVICES	SINGLE	09	1.86	2.85	4.71	4.02	6.18	10.20	0.20	10.40
EMPLOYERS DENTAL SERVICES	FAMILY	10	8.38	5.31	13.69	18.16	11.50	29.66	0.59	30.25
METLIFE DENTAL	SINGLE	07	5.95	7.11	13.06	12.90	15.40	28.30	0.57	28.87
METLIFE DENTAL	FAMILY	08	20.77	20.08	40.85	45.00	43.50	88.50	1.77	90.27
FORTIS DENTAL	SINGLE	01	2.16	2.85	5.01	4.68	6.18	10.86	0.22	11.08
FORTIS DENTAL	FAMILY	02	8.32	5.31	13.62	18.02	11.50	29.52	0.59	30.11
VISION PLAN										
AVESIS VISION CARE	SINGLE	05	2.93	N/A	2.93	6.34	N/A	6.34	0.13	6.47
AVESIS VISION CARE	FAMILY	06	7.93	N/A	7.93	17.18	N/A	17.18	0.34	17.52
LIFE PLANS - STANDARD										
BASIC- $15,000		BL		1.41			3.06			
DEPENDENT- $2,000		01	0.43			0.94				
DEPENDENT- $4,000		02	0.87			1.88				
DEPENDENT- $6,000		03	1.30			2.82				
DEPENDENT-$12,000		04	2.60			5.64				
DEPENDENT-$15,000		05	3.26			7.06				
STANDARD - SUPPLEMENTAL		<30	0.23			0.50				
PER $5,000 COVERAGE		30-34	0.28			0.60				
		35-39	0.32			0.70				
		40-44	0.55			1.20				
		45-49	0.74			1.60				
		50-54	1.20			2.60				
		55-59	1.71			3.70				
		60-64	3.09			6.70				
		65-69	3.09			6.70				
		70+	4.89			10.60				
SHORT TERM DISABILITY PLAN										
STANDARD		SD				$0.89 / $100 of base salary				