

RETIREE HEALTH & WELFARE MONTHLY PREMIUM RATES

Effective September 1, 2008 through August 31, 2009

KAISER

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|------------------|-------------|
| Retiree under 65 | \$ 449.89 |
| Retiree + 1 dep | \$ 899.78 |
| Retiree + family | \$ 1,273.19 |

Kaiser w/ Senior Advantage (SRA) for age 65 and over

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|--------------------------------------|-----------|
| Retiree w/ SRA | \$ 335.29 |
| Retiree + 1 dep = both w/SRA | \$ 670.58 |
| Retiree + 1 dep = 1 SRA & 1 under 65 | \$ 785.18 |

Kaiser Medicare Cost

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|--|-------------|
| Retiree w/ Medicare A & B | \$ 678.07 |
| Retiree w/ Medicare Part A only | \$ 753.00 |
| Retiree w/ Medicare Part B only | \$ 1,146.72 |
| Retiree + 1 dep = 1 w/ Medicare A & B & 1 under 65 | \$ 1,127.96 |
| Retiree + 1 dep = both w/ Medicare A & B | \$ 1,356.15 |

PPO PRUDENT BUYER (premium includes mental health cost of \$18.57)

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| Retiree under 65 | \$ 568.22 |
| Retiree w/ Medicare A & B | \$ 408.06 |
| Retiree + 1 dep - both under 65 | \$ 1,117.87 |
| Retiree + 1 dep - both w/ Medicare A & B | \$ 815.25 |
| Retiree + 1 dep - 1 w/ Medicare A & B & 1 under 65 | \$ 957.71 |

BLUE CROSS HMO (premium includes mental health cost of \$18.57)

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| Retiree under 65 | \$ 480.64 |
| Retiree w/ Medicare A & B | \$ 424.52 |
| Retiree 65 & w/out Medicare | \$ 658.30 |
| Retiree + 1 dep - both under 65 | \$ 986.22 |
| Retiree + 1 dep - both w/ Medicare | \$ 830.50 |
| Retiree + 1 dep - 1 w/ Medicare & 1 under 65 | \$ 932.47 |
| Retiree + 1 dep - 1 w/ Medicare & 1 over 65 w/out Medicare | \$ 1,064.23 |
| Retiree + 1 dep - 1 under 65 & 1 over 65 w/out Medicare | \$ 1,120.38 |
| Retiree + 1 dep - both over 65 & w/out Medicare | \$ 1,298.02 |

VISION SERVICE PLAN \$ 15.05

CUSD SELF-FUNDED DENTAL \$ 133.46

DELTACARE HMO DENTAL \$ 50.62