

ATTACHMENT B

ACTIVE EMPLOYEE AND RETIREE ANCILLARY

(DELTA DENTAL, VSP AND EAP)

HEALTH PLANS MONTHLY PREMIUM RATES

Dental	COBRA	
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Delta Dental HMO (Actives, Early Retirees, Post-65 Retirees)		
Employee Only	\$32.88	\$33.54
Employee & One	\$54.04	\$55.12
Employee & Family	\$82.05	\$83.69

Delta Dental (PRISM) - PPO (Actives)		
Employee Only	\$49.74	\$50.73
Employee & One	\$83.05	\$84.71
Employee & Family	\$127.20	\$129.74

Delta Dental (PRISM) - PPO (Early Retirees, Post-65 Retirees)		
Employee Only	\$51.68	\$52.71
Employee & One	\$84.98	\$86.68
Employee & Family	\$129.14	\$131.72

Vision	COBRA	
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VSP Vision (Actives, Early Retirees, Post-65 Retirees)		
Employee Only	\$6.36	\$6.49
Employee & One	\$9.14	\$9.32
Employee & Family	\$16.40	\$16.73

EAP	Actives	COBRA
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Empathia (Actives)		
EAP Price (PEPM)	\$1.63	\$1.66

COBRA rates INCLUDE 2% administration cost