

**COBRA Premium Summary
Plan Year 2008**

Attachment I

Health Plan Year 2008						
Level of Coverage	Indemnity	PPO	PPO Choice	HDHP	HMO	HMO Consumer Choice
Employee	\$573.54	\$429.07	\$471.99	\$231.58	\$321.40	\$370.26
Employee + Child	\$1,032.26	\$772.30	\$849.57	\$404.65	\$578.52	\$679.76
Employee + Spouse	\$1,204.35	\$901.02	\$991.15	\$469.56	\$674.97	\$793.09
Employee + Family	\$1,663.08	\$1,244.21	\$1,368.63	\$642.64	\$932.09	\$1,095.21
Dental Plan 2008						
Level of Coverage	USG Dental		Delta Dental			
Employee Only	\$27.78		\$32.02			
Employee + Child	\$52.77		\$59.91			
Employee + Spouse	\$55.55		\$59.91			
Employee + Family	\$88.88		\$74.97			

**Premiums include
a 2%
Administration
Charge.**