

**COBRA Premium Summary
Plan Year 2007**

Attachment I

Health Plan Year 2007					
Level of Coverage	Indemnity	PPO	PPO Choice	HMO	HMO Consumer Choice
Employee	\$521.40	\$374.72	\$412.22	\$292.43	\$390.45
Employee + Child	\$938.42	\$674.50	\$741.98	\$526.36	\$702.82
Employee + Spouse	\$1,094.86	\$786.93	\$865.63	\$614.10	\$819.93
Employee + Family	\$1,511.90	\$1,086.64	\$1,195.31	\$848.04	\$1,132.30
Dental Plan 2007					
Level of Coverage	USG Dental		Delta Dental		
Employee Only	\$27.78		\$30.80		
Employee + Child	\$52.77		\$57.63		
Employee + Spouse	\$55.55		\$57.63		
Employee + Family	\$88.88		\$72.11		

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