

2007 Uniform Health Insurance Contribution Rates for
All Active Employees

Exhibit "C"

Health Plan	Coverage Level	Total Monthly Premium	Employer Pay	Employee Pay
Kaiser	EE	\$431.17	\$431.17	\$0
	EE + 1	\$862.34	\$835.84	\$26.50
	EE + Family	\$1,121.04	\$1,075.24	\$45.80
Blue Shield	EE	\$484.21	\$431.17	\$53.04
	EE + 1	\$968.42	\$835.84	\$132.58
	EE + Family	\$1,258.96	\$1,075.24	\$183.72
Choice	EE	\$455.19	\$431.17	\$24.02
	EE + 1	\$910.36	\$835.84	\$74.52
	EE + Family	\$1,183.48	\$1,075.24	\$108.24
Care	EE	\$769.51	\$431.17	\$338.34
	EE + 1	\$1,539.00	\$835.84	\$703.16
	EE + Family	\$2,000.70	\$1,075.24	\$925.46
Western Health Advantage	EE	\$395.85	\$395.85	\$0
	EE + 1	\$791.70	\$791.70	\$0
	EE + Family	\$1,029.21	\$1,029.21	\$0
PORAC	EE	\$439.01	\$431.17	\$7.84
	EE + 1	\$822.00	\$822.00	\$0
	EE + Family	\$1,045.00	\$1,045.00	\$0