

<b>HEALTH INSURANCE OPTIONS/RATES</b>			
<b>2007/2008 SCHOOL YEAR</b>			
<b>HPTA</b>			
<b>Active Employees</b>			
<b>Single: 90% Family: 90%</b>			
<b>Plan</b>	<b>BC/BS Alt PPO</b>	<b>MVP</b>	<b>BC/BS HMO</b>
Office Copay	\$15 In Network 70% UCR Out of Network	\$15	\$10
Deductible	\$300/\$750	N/A	N/A
Prescription	\$5/\$20	\$5/\$20/\$40	\$10/\$20/\$30
Hospitalization	100%	100%	100%
<b>Premiums</b>			
<b>Single</b>			
Monthly Premium	\$549.08	\$490.18	\$589.03
District Share	\$494.17	\$441.16	\$530.13
Employee Share	\$54.91	\$49.02	\$58.90
Bi-weekly Deduction	\$32.94	\$29.41	\$35.34
<b>Two Person</b>			
Monthly Premium	N/A	N/A	\$1,148.68
District Share	N/A	N/A	\$1,033.81
Employee Share	N/A	N/A	\$114.87
Bi-weekly Deduction	N/A	N/A	\$68.92
<b>Family</b>			
Monthly Premium	\$1,186.67	\$1,267.87	\$1,708.25
District Share	\$1,068.00	\$1,141.08	\$1,537.43
Employee Share	\$118.67	\$126.79	\$170.83
Bi-weekly Deduction	\$71.20	\$76.07	\$102.50