

A 30¢ Administrative Fee is added to each Premium, except the Spending Accounts and the Health Savings Account (See page 3 for these fees).

Flexible Benefits Program

Rate Summary 2008 Plan Year

Employee Age Group	Employee Life Coverage selections 1,2,3,4,5,6,7 X Benefit Salary	*Spouse Life Coverage selections \$6,000, \$12,000, \$30,000, \$60,000, \$100,000, \$150,000, \$200,000, \$250,000	Accidental Death Coverage selections 1,2,3,4,5,6,7 X Benefit Salary
0-29	0.07	0.07	0.024
30-34	0.07	0.07	0.024
35-39	0.10	0.10	0.024
40-44	0.16	0.16	0.024
45-49	0.21	0.21	0.024
50-54	0.32	0.32	0.024
55-59	0.46	0.46	0.024
60-64	0.74	0.74	0.024
65-69	1.41	1.41	0.024
70-99	2.20	2.20	0.024

* Spouse Life rates are based on the employee's age.

Child Life \$3,000	Child Life \$6,000	Child Life \$10,000	Child Life \$15,000	Child Life \$20,000
0.21	0.42	0.70	1.05	1.40

Child Life Rates Based on Coverage Level

Flexible Benefits Program



Rate Summary
2008 Plan Year

Employee Age Group	Short Term Disability Thirty Day Wait		Short Term Disability Seven Day Wait		Long Term Disability No Retirement Disability Benefits		Long Term Disability With Retirement Disability Benefits	
	Under Social Security	Not Under Social Security	Under Social Security	Not Under Social Security	Under Social Security	Not Under Social Security	Under Social Security	Not Under Social Security
0-29	0.279	0.279	0.520	0.520	0.165	0.175	0.140	0.150
30-34	0.270	0.270	0.500	0.500	0.235	0.265	0.140	0.150
35-39	0.279	0.279	0.520	0.520	0.295	0.330	0.140	0.150
40-44	0.306	0.306	0.570	0.570	0.340	0.370	0.140	0.150
45-49	0.343	0.343	0.630	0.630	0.585	0.650	0.140	0.150
50-54	0.370	0.370	0.680	0.680	0.780	0.870	0.285	0.320
55-59	0.433	0.433	0.800	0.800	1.020	1.120	0.510	0.565
60-64	0.489	0.489	0.900	0.900	1.200	1.315	0.615	0.680
65-69	0.596	0.596	1.100	1.100	1.600	1.760	1.005	1.110
70-99	0.912	0.912	1.690	1.690	1.600	1.760	1.005	1.110

	Dental Regular	Dental PPO	Dental Prepaid	Vision	Legal
Single	24.16	21.68	19.78	5.70	7.50
Family	71.31	58.53	49.32	15.80	9.90



Flexible Benefits Program
Rate Summary
2008 Plan Year

Coverage Levels	Specified Illness					
	\$5,000*	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Age Bands						
18-29	\$ 3.78	\$ 5.87	\$10.04	\$14.21	\$18.38	\$22.55
30-39	\$ 5.58	\$ 9.46	\$17.22	\$24.98	\$32.74	\$40.50
40-49	\$10.23	\$18.77	\$35.84	\$52.91	\$69.99	\$87.06
50-59	\$16.83	\$31.96	\$62.23	\$92.49	\$122.75	\$153.02
60+	\$25.95	\$50.20	\$98.70	\$147.20	\$195.70	\$244.20

Note: Employees who are under age 18 and over age 69 as of October 1, 2007 are not eligible to select the Specified Illness option. If an employee enrolls in the Specified Illness plan and then buys up at a subsequent Open Enrollment, the premiums will be a blended rate. This scenario is not reflected in the above rate chart.

*** Premiums for the \$5,000 Spouse coverage level will be based on the employee's age.**

Spending Accounts

(General Purpose Health Care Spending Account, Limited Purpose Health Care Spending Account, Dependent (Child) Care Spending Account)

General Purpose Health Care Spending Account and Limited Purpose Health Care Spending Account participants will be assessed a \$2.00 monthly fee to cover part of the Third Party Administrator contract. Dependent Care Spending Account participants will be assessed a \$1.00 monthly fee.

Health Savings Account

Health Savings Account participants will be assessed a \$3.00 monthly service charge for the administration of their HSA, and which will be directly deducted from their Health Savings Account.

Employees who separate from employment may retain their HSA, through J.P. Morgan Chase & Co., for an increased monthly charge of \$5.00.