

**MEDICAL/DENTAL PLANS 2007-2008**

<b>BLUE SHIELD PPO PLANS - Effective 10/01/07</b>				
<b>BS PPO High Option Plan (90%)</b>				
	<b>12THLY</b>	<b>11THLY</b>	<b>10THLY</b>	<b>9THLY</b>
<b>SINGLE</b>	658.00	717.82	789.60	877.33
<b>2-PERSON</b>	1170.00	1276.36	1404.00	1560.00
<b>FAMILY</b>	1790.00	1952.73	2148.00	2386.67
<b>BS PPO Medium Option Plan (80%)</b>				
	<b>12THLY</b>	<b>11THLY</b>	<b>10THLY</b>	<b>9THLY</b>
<b>SINGLE</b>	611.00	666.55	733.20	814.67
<b>2-PERSON</b>	1087.00	1185.82	1304.40	1449.33
<b>FAMILY</b>	1660.00	1810.91	1992.00	2213.33
<b>BS PPO Low Option Plan (High Deductible)</b>				
	<b>12THLY</b>	<b>11THLY</b>	<b>10THLY</b>	<b>9THLY</b>
<b>SINGLE</b>	440.00	480.00	528.00	586.67
<b>2-PERSON</b>	772.00	842.18	926.40	1029.33
<b>FAMILY</b>	1173.00	1279.64	1407.60	1564.00

<b>HEALTH NET HMO PLANS - Effective 07/01/07</b>				
<b>HEALTH NET HMO High Option Plan (SCMC and Physicians Group of Santa Cruz)</b>				
	<b>12THLY</b>	<b>11THLY</b>	<b>10THLY</b>	<b>9THLY</b>
<b>SINGLE</b>	485.00	529.09	582.00	646.67
<b>2-PERSON</b>	970.00	1058.18	1164.00	1293.33
<b>FAMILY</b>	1342.00	1464.00	1610.40	1789.33
<b>HEALTH NET HMO Low Option Plan (SCMC and Physicians Group of Santa Cruz)</b>				
	<b>12THLY</b>	<b>11THLY</b>	<b>10THLY</b>	<b>9THLY</b>
<b>SINGLE</b>	449.00	489.82	538.80	598.67
<b>2-PERSON</b>	898.00	979.64	1077.60	1197.33
<b>FAMILY</b>	1243.00	1356.00	1491.60	1657.33

<b>DELTA DENTAL - Effective 07/01/07</b>				
<b>CERT/CLASS/CONF/MGMT/RETIRES</b>				
	<b>12THLY</b>	<b>11THLY</b>	<b>10THLY</b>	<b>9THLY</b>
<b>SINGLE</b>	58.61	63.94	70.33	78.15
<b>2-PERSON</b>	115.62	126.13	138.74	154.16
<b>FAMILY</b>	171.36	186.94	205.63	228.48