2007 COBRA (18 OR 36 MONTHS)

COVERAGE LEVEL	SAVINGS	STANDARD	BLUECHOICE	CIGNA	MUSC		DENTAL	DENTAL PLUS
SUBSCRIBER ONLY	252.88	338.74	372.58	370.00	425.06		11.94	18.89
SUBSCRIBER/SPOUSE	550.82	719.06	854.10	843.60	954.54		19.74	35.76
SUBSCRIBER/CHILD	364.44	489.06	621.36	612.76	666.80		25.94	39.02
FULL FAMILY	667.88	857.62	1,115.36	1,099.10	1,163.30		33.71	55.90
CHILDREN	111.56	150.32	248.80	242.76	241.74		13.99	20.14

2007 COBRA (29 MONTHS)*

COVERAGE LEVEL	SAVINGS	STANDARD	BLUECHOICE	CIGNA	MUSC		DENTAL	DENTAL PLUS
SUBSCRIBER ONLY	371.88	498.16	547.90	544.12	625.08		11.94	18.89
SUBSCRIBER/SPOUSE	810.04	1,057.44	1,256.02	1,240.60	1,403.74		19.74	35.76
SUBSCRIBER/CHILD	535.92	719.02	913.78	901.12	980.58		25.94	39.02
FULL FAMILY	982.18	1,261.20	1,640.22	1,616.32	1,710.72		33.71	55.90
CHILDREN	164.04	221.04	365.88	357.00	355.50		13.99	20.14

***THESE RATES GO INTO EFFECT IN THE 19TH MONTH OF COVERAGE.**