2006 COBRA (18 OR 36 MONTHS)

COVERAGE LEVEL	SAVINGS	STANDARD	BLUECHOICE	CIGNA	MUSC		DENTAL	DENTAL PLUS
SUBSCRIBER ONLY	245.94	331.82	364.28	366.02	358.10		11.94	18.89
SUBSCRIBER/SPOUSE	536.10	704.34	835.12	834.56	804.18		19.74	35.76
SUBSCRIBER/CHILD	354.42	479.04	607.56	606.20	561.76		25.94	39.02
FULL FAMILY	650.32	840.06	1090.56	1087.30	980.04		33.71	55.90
CHILDREN	108.48	147.24	243.28	240.18	203.66		13.99	20.14

2006 COBRA (29 MONTHS)*

COVERAGE LEVEL	SAVINGS	STANDARD	BLUECHOICE	CIGNA	MUSC		DENTAL	DENTAL PLUS
SUBSCRIBER ONLY	361.68	487.96	535.72	538.26	526.62		11.94	18.89
SUBSCRIBER/SPOUSE	788.38	1035.78	1228.12	1227.30	1182.60		19.74	35.76
SUBSCRIBER/CHILD	521.20	704.46	893.46	891.46	826.12		25.94	39.02
FULL FAMILY	956.34	1235.38	1603.78	1598.98	1441.24		33.71	55.90
CHILDREN	159.52	216.50	357.74	353.20	299.50		13.99	20.14

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