

**Trust Fund Health Insurance
Cost by Plan for 2006**

Medical and Dental Options	Employee Biweekly Premium		SAO Biweekly Contribution		Full Monthly Premium	
	Single	Family	Single	Family	Single	Family
CareFirst Blue Preferred PPO	\$40.56	\$165.09	\$121.69	\$281.11	\$351.55	\$966.77
CareFirst Indemnity*	\$43.58	\$177.35	\$130.73	\$301.98	\$377.65	\$1,038.65
Harvard Pilgrim HMO**	\$50.75	\$152.89	\$152.24	\$393.15	\$439.80	\$1,183.08
Delta Dental	\$3.54	\$8.93	\$10.61	\$26.80	\$30.65	\$77.43

VSP - Vision Services Plan	Employee Biweekly Premium	Full Monthly Premium
Employee	\$3.27	\$7.08
Employee plus spouse	\$5.08	\$11.00
Employee plus children	\$5.18	\$11.22
Employee plus family	\$8.35	\$18.10

* CareFirst Indemnity is available to employees who do not have access to the CareFirst Blue Preferred PPO.

** Harvard Pilgrim HMO is available to employees who reside in the plan's service area in Massachusetts and New Hampshire. Contact HR for a directory or assistance.