

**Monthly Contribution Rates for Twelve-Month Employees / Retirees for Benefit Years 2007 - 2009
Effective October 1, 2007**

COVERAGE TYPES	EMPLOYEE / RETIREE MONTHLY CONTRIBUTION RATES				
	Indemnity Plan	NC Smart Choice Basic Plan 70/30	NC Smart Choice Standard Plan 80/20	NC Smart Choice Plus Plan 90/10	
NON-MEDICARE ACTIVE EMPLOYEE / RETIREE					
EMPLOYEE / RETIREE	\$ -	\$ -	\$ -	\$ -	43.98
EMPLOYEE / RETIREE + CHILD(REN)	\$ 223.00	\$ 150.66	\$ 200.36	\$ 269.78	269.78
EMPLOYEE / RETIREE + SPOUSE	N/A	\$ 388.18	\$ 461.64	\$ 564.22	564.22
EMPLOYEE / RETIREE + FAMILY	\$ 534.88	\$ 413.46	\$ 489.44	\$ 595.52	595.52
MEDICARE PRIMARY FOR ONLY EMPLOYEE / RETIREE					
EMPLOYEE / RETIREE	\$ -	\$ -	\$ -	\$ -	33.48
EMPLOYEE / RETIREE + CHILD(REN)	\$ 223.00	\$ 158.18	\$ 200.36	\$ 259.28	259.28
EMPLOYEE / RETIREE + SPOUSE	N/A	\$ 395.70	\$ 461.64	\$ 553.72	553.72
EMPLOYEE / RETIREE + FAMILY	\$ 534.88	\$ 420.98	\$ 489.44	\$ 585.06	585.06
MEDICARE PRIMARY FOR ONLY DEPENDENT(S)					
EMPLOYEE / RETIREE	\$ -	\$ -	\$ -	\$ -	43.98
EMPLOYEE / RETIREE + CHILD(REN)	\$ 169.52	\$ 107.18	\$ 152.52	\$ 215.86	215.86
EMPLOYEE / RETIREE + SPOUSE	N/A	\$ 281.84	\$ 344.64	\$ 432.36	432.36
EMPLOYEE / RETIREE + FAMILY	\$ 406.52	\$ 307.10	\$ 372.44	\$ 463.68	463.68
MEDICARE PRIMARY FOR BOTH EMPLOYEE / RETIREE AND DEPENDENT(S)					
EMPLOYEE / RETIREE	\$ -	\$ -	\$ -	\$ -	33.48
EMPLOYEE / RETIREE + CHILD(REN)	\$ 169.52	\$ 114.70	\$ 152.52	\$ 205.36	205.36
EMPLOYEE / RETIREE + SPOUSE	N/A	\$ 289.34	\$ 344.64	\$ 421.86	421.86
EMPLOYEE / RETIREE + FAMILY	\$ 406.52	\$ 314.62	\$ 372.44	\$ 453.18	453.18

The amount your employer contributes towards the cost of employees' and retirees' health insurance premiums is below:

COVERAGE TYPES	Indemnity Plan	PPO Plans
Non-Medicare Active Employee / Retiree	\$ 357.72	\$ 346.38
Medicare Primary for Only Employee / Retiree	\$ 272.36	\$ 263.72
Medicare Primary for Only Dependent(s)	\$ 357.72	\$ 346.38
Medicare Primary for Both Employee / Retiree and Dependent(s)	\$ 272.36	\$ 263.72

Notes:

- 1) Employee + Spouse coverage type is available for the NC Smart Choice PPO plans only at reduced rates.
- 2) If your employment contract is for less than 12 months, contact your Health Benefits Representative or benefits office for monthly rates.
- 3) If you are actively employed and you or your dependent(s) are Medicare eligible, the State Health Plan is the primary insurer and the Non-Medicare rates apply. An exception to this would be if you or your dependent(s) are Medicare eligible due to End Stage Renal Disease (ESRD).

Monthly Contribution Rates for COBRA Members for Benefit Years 2007 - 2009
Effective October 1, 2007

COVERAGE TYPES	COBRA MEMBER MONTHLY CONTRIBUTION RATES			
	Indemnity Plan	NC SmartChoice Basic Plan 70/30	NC SmartChoice Standard Plan 80/20	NC SmartChoice Plus Plan 90/10
NON-MEDICARE BOTH COBRA MEMBER AND DEPENDENT(S)				
COBRA MEMBER	\$ 364.87	\$ 353.31	\$ 353.31	\$ 398.17
COBRA MEMBER + CHILD(REN)	\$ 592.33	\$ 506.98	\$ 557.67	\$ 628.48
COBRA MEMBER + SPOUSE	N/A	\$ 749.25	\$ 824.18	\$ 928.81
COBRA MEMBER + FAMILY	\$ 910.45	\$ 775.04	\$ 852.54	\$ 960.74
MEDICARE PRIMARY FOR ONLY COBRA MEMBER				
COBRA MEMBER	\$ 277.81	\$ 268.99	\$ 268.99	\$ 303.14
COBRA MEMBER + CHILD(REN)	\$ 505.27	\$ 430.34	\$ 473.36	\$ 533.47
COBRA MEMBER + SPOUSE	N/A	\$ 672.61	\$ 739.87	\$ 833.79
COBRA MEMBER + FAMILY	\$ 823.38	\$ 698.39	\$ 768.22	\$ 865.76
MEDICARE PRIMARY FOR ONLY DEPENDENT(S)				
COBRA MEMBER	\$ 364.87	\$ 353.31	\$ 353.31	\$ 398.17
COBRA MEMBER + CHILD(REN)	\$ 537.78	\$ 462.63	\$ 508.88	\$ 573.48
COBRA MEMBER + SPOUSE	N/A	\$ 640.78	\$ 704.84	\$ 794.31
COBRA MEMBER + FAMILY	\$ 779.52	\$ 666.55	\$ 733.20	\$ 826.26
MEDICARE PRIMARY FOR BOTH COBRA MEMBER & DEPENDENT(S)				
COBRA MEMBER	\$ 277.81	\$ 268.99	\$ 268.99	\$ 303.14
COBRA MEMBER + CHILD(REN)	\$ 450.72	\$ 385.99	\$ 424.56	\$ 478.46
COBRA MEMBER + SPOUSE	N/A	\$ 564.12	\$ 620.53	\$ 699.29
COBRA MEMBER + FAMILY	\$ 692.46	\$ 589.91	\$ 648.88	\$ 731.24

Monthly Contribution Rates for National Guard, Fire Department & Emergency Medical Services for Benefit Years 2007 - 2009
Effective October 1, 2007

COVERAGE TYPES	NATIONAL GUARD, FIRE DEPARTMENT & EMERGENCY MEDICAL SERVICES MONTHLY CONTRIBUTION RATES			
	Indemnity Plan	NC SmartChoice Basic Plan 70/30	NC SmartChoice Standard Plan 80/20	NC SmartChoice Plus Plan 90/10
ACTIVE EMPLOYEE	\$ 429.31	\$ 415.69	\$ 415.69	\$ 468.46
ACTIVE EMPLOYEE / CHILD(REN)	\$ 696.90	\$ 596.48	\$ 656.12	\$ 739.41
ACTIVE EMPLOYEE + SPOUSE	N/A	\$ 881.50	\$ 969.66	\$ 1,092.74
ACTIVE EMPLOYEE + FAMILY	\$ 1,071.16	\$ 911.84	\$ 1,003.02	\$ 1,130.33

Notes:

1) Cobra Member + Spouse, Active Employee + Spouse is available for the NC SmartChoice PPO plans only at reduced rates.