

**MONTHLY MEDICAL INSURANCE PREMIUMS FOR ACTIVE EMPLOYEES**  
**Effective July 1, 2004 through June 30, 2005**

	<b>Definity Health Plan Option 1</b>	<b>Definity Health Plan Option 2</b>	<b>Group Benefits MCO Best Care / FARA Network</b>	<b>Group Benefits EPO United Health Network</b>	<b>Group Benefits PPO</b>	<b>Ochsner Health Plan (HMO) BR - Region 6 Only</b>
<b>12 Month Employee Share</b>						
Employee Only	\$94.26	\$81.50	\$76.00	\$147.58	\$111.78	\$88.72
Employee with Spouse	\$237.40	\$205.26	\$215.38	\$385.30	\$316.74	\$238.08
Employee with Children	\$191.70	\$165.76	\$115.14	\$214.30	\$169.34	\$129.62
Family	\$299.98	\$259.38	\$236.00	\$420.48	\$347.08	\$265.52
<b>9 Month Employee Share</b>						
Employee Only	\$125.68	\$108.67	\$101.33	\$196.77	\$149.04	\$118.29
Employee with Spouse	\$316.53	\$273.68	\$287.17	\$513.73	\$422.32	\$317.44
Employee with Children	\$255.60	\$221.01	\$153.52	\$285.73	\$225.79	\$172.83
Family	\$399.97	\$345.84	\$314.67	\$560.64	\$462.77	\$354.03
<b>State Share</b>						
Employee Only	\$282.79	\$244.51	\$228.04	\$335.34	\$335.34	\$266.20
Employee with Spouse	\$425.93	\$368.28	\$367.42	\$540.30	\$540.30	\$415.52
Employee with Children	\$380.22	\$328.75	\$267.18	\$392.90	\$392.90	\$307.10
Family	\$488.50	\$422.38	\$388.04	\$570.64	\$570.64	\$442.96
<b>Total Premium</b>						
Employee Only	\$337.05	\$326.01	\$304.04	\$482.92	\$447.12	\$354.92
Employee with Spouse	\$663.33	\$573.54	\$582.80	\$925.60	\$857.04	\$653.60
Employee with Children	\$571.92	\$494.51	\$382.32	\$607.20	\$562.24	\$436.72
Family	\$788.48	\$681.76	\$624.04	\$991.12	\$917.72	\$708.48