

**EMPLOYEE WEEKLY PREMIUM CO-PAY* SCHEDULE
(EFFECTIVE JANUARY 1, 2007)**

<i>∴ Excluded from Federal taxable wages</i>	CONNECTICARE HMO	CONNECTICARE POS	METLIFE PDP DENTAL (Non-union only)
FULL TIME			
INDIVIDUAL	11.58	17.10	2.10
EMPLOYEE + 1	24.33	35.92	4.89
FAMILY	33.01	48.75	7.01
PART TIME A (24 – 35 HOURS)			
INDIVIDUAL	16.04	21.86	2.45
EMPLOYEE + 1	33.68	45.90	5.71
FAMILY	45.71	62.29	8.18
PART TIME B (20 – 23 HOURS)			
INDIVIDUAL	20.49	26.61	2.80
EMPLOYEE + 1	118.57	131.13	6.52
FAMILY	185.34	202.40	9.35