

**Monthly Medical Cost-Sharing for Retirees (NME)  
(NON-MEDICARE ELIGIBLE)**

**TIER A - Period: 01/01/05 through 12/31/05**

<b>Medical Plan &amp; Coverage Choice</b>	<b>Monthly Retiree Cost-Sharing **</b>	<b>Amount Paid by Plan *</b>	<b>Monthly Premium</b>
<b>Blue Cross Comprehensive (PPO) - Nationwide</b>			
Retiree Only	<b>\$128.17</b>	\$266.00	\$394.17
Retiree + 1 Dependent	<b>\$235.47</b>	\$488.00	\$723.47
Retiree + 2 or more Dependents	<b>\$332.58</b>	\$564.00	\$896.58
<b>Blue Cross Basic/Major (PPO) *** - Nationwide</b>			
Retiree Only	<b>\$225.65</b>	\$266.00	\$491.65
Retiree + 1 Dependent	<b>\$415.25</b>	\$488.00	\$903.25
Retiree + 2 or more Dependents	<b>\$551.63</b>	\$564.00	\$1,115.63
<b>California Care - CA</b>			
Retiree Only	<b>\$28.00</b>	\$266.00	\$294.00
Retiree + 1 dependent	<b>\$104.58</b>	\$488.00	\$592.58
Retiree + 2 or more depts.	<b>\$273.54</b>	\$564.00	\$837.54
<b>Aetna, Inc. - FL</b>			
Retiree Only	<b>\$145.26</b>	\$266.00	\$411.26
Retiree + 1 Dependent	<b>\$374.77</b>	\$488.00	\$862.77
Retiree + 2 or more Dependents	<b>\$701.01</b>	\$564.00	\$1,265.01
<b>Kaiser - Southern CA</b>			
Retiree Only	<b>\$0.00</b>	\$261.99	\$261.99
Retiree + 1 Dependent	<b>\$35.16</b>	\$488.00	\$523.16
Retiree + 2 or more Dependents	<b>\$175.93</b>	\$564.00	\$739.93
<b>Kaiser Mid-Atlantic - Wash. DC</b>			
Retiree Only	<b>\$46.52</b>	\$266.00	\$312.52
Retiree + 1 Dependent	<b>\$136.21</b>	\$488.00	\$624.21
Retiree + 2 or more Dependents	<b>\$340.75</b>	\$564.00	\$904.75
<b>Kaiser - Northern CA</b>			
Retiree Only	<b>\$97.40</b>	\$266.00	\$363.40
Retiree + 1 Dependent	<b>\$237.98</b>	\$488.00	\$725.98
Retiree + 2 or more Dependents	<b>\$462.92</b>	\$564.00	\$1,026.92

**Monthly Medical Cost-Sharing for Retirees (NME)  
(NON-MEDICARE ELIGIBLE)**

**TIER A - Period: 01/01/05 through 12/31/05**

<b>Medical Plan &amp; Coverage Choice</b>	<b>Monthly Retiree Cost-Sharing **</b>	<b>Amount Paid by Plan *</b>	<b>Monthly Premium</b>
<b>Lovelace - NM</b>			
Retiree Only	<b>\$91.45</b>	\$266.00	\$357.45
Retiree + 1 Dependent	<b>\$246.39</b>	\$488.00	\$734.39
Retiree + 2 or more Dependents	<b>\$420.88</b>	\$564.00	\$984.88
<b>MD/IPA - Wash. DC</b>			
Retiree Only	<b>\$85.72</b>	\$266.00	\$351.72
Retiree + 1 Dependent	<b>\$179.56</b>	\$488.00	\$667.56
Retiree + 2 or more depts.	<b>\$558.94</b>	\$564.00	\$1,122.94
<b>PacifiCare - AZ</b>			
Retiree Only	<b>\$590.99</b>	\$266.00	\$856.99
Retiree + 1 Dependent	<b>\$1,311.79</b>	\$488.00	\$1,799.79
Retiree + 2 or more Dependents	<b>\$2,092.85</b>	\$564.00	\$2,656.85
<b>PacifiCare - CO</b>			
Retiree Only	<b>\$86.58</b>	\$266.00	\$352.58
Retiree + 1 Dependent	<b>\$216.38</b>	\$488.00	\$704.38
Retiree + 2 or more Dependents	<b>\$432.33</b>	\$564.00	\$996.33

\* DDB - Defined Dollar Benefit paid from Post-Retirement Hospital/Medical Plan

\*\* Minimum Family cost-sharing is 115% of the cost-sharing amount for Retiree + 1 dependent.

\*\*\* Basic/Major is a closed Plan, and is available only to retirees currently enrolled in this Plan.

**SEE SEPARATE PAGE FOR MEDICARE ELIGIBLE (ME) RATES**