



BENEFITS DIVISION

2007 Dental Plan Retiree Monthly Premiums

Plan	You	You + spouse	You + child(ren)	You + spouse and child(ren)
Blue Cross	\$39	\$80	\$89	\$126
First Commonwealth	\$16	\$29	\$30	\$44

2007 Vision Plan Monthly Contributions

Plan	You	You + spouse	You + child(ren)	You + spouse and child(ren)
Spectera	\$7	\$14	\$15	\$22

2007 Health Plan Retiree Monthly Premiums

Category	Premier PPO Plan	HMO Illinois	Unicare HMO
You under 65	\$464	\$298	\$273
You + spouse under 65	\$1,007	\$687	\$653
You + child(ren) under 65	\$866	\$605	\$572
You + spouse and child(ren) under 65	\$1,512	\$874	\$861
You over 65	\$296	\$282	Not Available
You + spouse over 65	\$594	\$573	
You + spouse over 65 + child(ren)	\$594	\$875	
You over 65 + spouse under 65	\$761	\$589	
You over 65 + spouse under 65 + child(ren)	\$761	\$875	