

**Monthly Medical and Dental Insurance Premiums for UVM Employees  
Effective 7/1/05 - 6/30/06**

	<b>Non-Represented, Full-Time UA-Represented, and Grandfathered Part-Time UA-Represented Employees</b>				<b>Non-Grandfathered Part-Time UA-Represented Employees</b>				<b>Teamsters-Represented Employees</b>				<b>UE-Represented Employees</b>			
	EE Only	EE & Spouse or Civil Union Partner	EE & Child(ren)	EE & Family	EE Only	EE & Spouse or Civil Union Partner	EE & Child(ren)	EE & Family	EE Only	EE & Spouse or Civil Union Partner	EE & Child(ren)	EE & Family	EE Only	EE & Spouse or Civil Union Partner	EE & Child(ren)	EE & Family
<b>Plans Covering Active Employees</b>																
BCBS Vermont Health Partnership (VHP)	393.96	787.93	760.34	1,043.99	n/a	n/a	n/a	n/a	390.23	780.46	753.15	1,034.10	419.33	838.65	809.31	1,111.22
BCBS Vermont Freedom Plan (VFP)	349.28	698.56	674.12	925.60	n/a	n/a	n/a	n/a	345.15	690.30	666.15	914.65	360.56	721.12	695.89	955.48
BCBS - High Deductible	n/a	n/a	n/a	n/a	408.03	779.31	607.55	1,099.64	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MVP Co-Plan 15 & MVP Co-Plan 10+	348.72	697.43	682.74	1,006.12	n/a	n/a	n/a	n/a	348.72	697.43	685.45	1,010.12	369.37	738.74	726.05	1,069.96
Northeast Delta Dental - Base Plan	34.16	68.31	55.49	103.16	n/a	n/a	n/a	n/a	34.16	68.31	55.49	103.16	34.16	68.31	55.49	103.16
Northeast Delta Dental - High Option Plan	40.52	80.98	68.77	122.68	n/a	n/a	n/a	n/a	40.52	80.98	68.77	122.68	40.52	80.98	68.77	122.68
Monthly EE Premium for High Option Dental	6.36	12.67	13.28	19.52	n/a	n/a	n/a	n/a	6.36	12.67	13.28	19.52	6.36	12.67	13.28	19.52
<b>Plans Covering Retirees Only</b>																
Medi-Comp III	305.75	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
JY Carve-Out	325.11	650.22	n/a	n/a	n/a	n/a	n/a	n/a	325.11	650.22	n/a	n/a	325.11	650.22	n/a	n/a
JY Grandfathered	676.60	1,353.20	1,305.84	1,792.99	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>COBRA Rates Effective 7-1-06</b>																
Vermont Health Partnership (VHP)	401.84	803.69	775.55	1,064.87	n/a	n/a	n/a	n/a	398.03	796.07	768.21	1,054.78	427.72	855.42	825.50	1,133.44
Vermont Freedom Plan (VFP)	356.27	712.53	687.60	944.11	n/a	n/a	n/a	n/a	352.05	704.11	679.47	932.94	367.77	735.54	709.81	974.59
BCBS - High Deductible	n/a	n/a	n/a	n/a	416.19	794.90	619.70	1,121.63	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MVP Co-Plan 10+	355.69	711.38	696.39	1,026.24	n/a	n/a	n/a	n/a	355.69	711.38	699.16	1,030.32	376.76	753.51	740.57	1,091.36
Northeast Delta Dental - Base Plan	34.84	69.68	56.60	105.22	n/a	n/a	n/a	n/a	34.84	69.68	56.60	105.22	34.84	69.68	56.60	105.22
Northeast Delta Dental - High Option Plan	41.33	82.60	70.15	125.13	n/a	n/a	n/a	n/a	41.33	82.60	70.15	125.13	41.33	82.60	70.15	125.13