

Local Annuitant Health Plan

January 1, 2005 Premium Rates

LAHP Classic Blue Coverage

Single Coverage	\$ 161.20
Family Coverage	\$ 320.10

LAHP Copay Plan (under age 65)

Single Coverage	\$ 810.40
Family Coverage LAHP Copay plan	\$ 1,618.50

Enrolled in Medicare

Single	\$ 565.50
Husband and Wife	\$ 1,128.70

Single Non Medicare plus Single Medicare	\$ 1,373.60
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Other

Single Classic Blue plus Single Copay Plan	\$ 969.30
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Includes a \$2.30 administrative fee.