

1-1-2004 Employee Contributions

For monthly-paid employees who are **not** members of the IBEW Union:

Annual Base Salary*	Plan	Monthly Cost		
		Employee Only	Employee + 1 Dependent	Employee + 2 or More Dependents
\$0 - \$39,999.99	Aetna HMO	\$ 35.39	\$ 66.01	\$ 99.95
	CIGNA PPO	\$ 43.79	\$ 92.14	\$126.40
	HIP HMO	\$ 29.70	\$ 54.22	\$ 86.32
	Vytra HMO	\$ 33.15	\$ 66.33	\$ 95.67
\$40,000 - \$69,999.99	Aetna HMO	\$ 53.09	\$ 99.02	\$149.93
	CIGNA PPO	\$ 65.68	\$138.21	\$189.60
	HIP HMO	\$ 44.55	\$ 81.33	\$129.48
	Vytra HMO	\$ 49.73	\$ 99.50	\$143.51
\$70,000 - \$99,999.99	Aetna HMO	\$ 67.24	\$125.42	\$189.91
	CIGNA PPO	\$ 83.19	\$175.06	\$240.17
	HIP HMO	\$ 56.42	\$103.01	\$164.01
	Vytra HMO	\$ 62.99	\$126.03	\$181.78
\$100,000 and over	Aetna HMO	\$ 84.94	\$158.42	\$239.88
	CIGNA PPO	\$105.09	\$221.13	\$303.37
	HIP HMO	\$ 71.27	\$130.12	\$207.17
	Vytra HMO	\$ 79.57	\$159.19	\$229.61

For weekly-paid employees who are **not** members of the IBEW Union:

Annual Base Salary*	Plan	Weekly Cost		
		Employee Only	Employee + 1 Dependent	Employee + 2 or More Dependents
\$0 - \$39,999.99	Aetna HMO	\$ 8.17	\$15.23	\$23.07
	CIGNA PPO	\$10.10	\$21.26	\$29.17
	HIP HMO	\$ 6.85	\$12.51	\$19.92
	Vytra HMO	\$ 7.65	\$15.31	\$22.08
\$40,000 - \$69,999.99	Aetna HMO	\$12.25	\$22.85	\$34.60
	CIGNA PPO	\$15.16	\$31.89	\$43.75
	HIP HMO	\$10.28	\$18.77	\$29.88
	Vytra HMO	\$11.48	\$22.96	\$33.12
\$70,000 - \$99,999.99	Aetna HMO	\$15.52	\$28.94	\$43.82
	CIGNA PPO	\$19.20	\$40.40	\$55.42
	HIP HMO	\$13.02	\$23.77	\$37.85
	Vytra HMO	\$14.54	\$29.08	\$41.95
\$100,000 and over	Aetna HMO	\$19.60	\$36.56	\$55.36
	CIGNA PPO	\$24.25	\$51.03	\$70.01
	HIP HMO	\$16.45	\$30.03	\$47.81
	Vytra HMO	\$18.36	\$36.74	\$52.99

For weekly-paid employees who **are** members of the IBEW Union:

Plan	Weekly Cost		
	Employee Only	Employee + 1 Dependent	Employee + 2 or More Dependents
Aetna HMO CIGNA HMO HIP HMO Vytra HMO	3% of Base Salary*	3.5% of Base Salary*	4% of Base Salary*

For weekly paid employees who **are** members of the SCSPA Union:

Annual Base Salary*	Weekly Cost		
	Employee Only	Employee + 1 Dependent	Employee + 2 or more Dependents
Less than \$30,000	\$ 5.22	\$ 7.98	\$10.73
\$30,000 to \$39,999.99	\$ 7.43	\$11.00	\$14.85
\$40,000 to \$59,999.99	\$ 9.63	\$14.30	\$19.25
\$60,000 to \$79,999.99	\$12.67	\$19.03	\$25.37
\$80,000 and over	\$16.48	\$24.74	\$32.98

For medical plan participants who are receiving Long Term Disability Plan benefits: \$0.00

*The Base Salary category for eligible part-time employees is based on their full-time equivalent salary.

1-1-2004 Monthly Retiree Contributions

For Retirees Who Were Not In The IBEW Union

Retirement Date	Medicare-Eligible	Medical Plan(s)	Annual Base Salary*	Coverage		
				One Person	2 People	3 or More People
Prior to 10/1/95	N/A	Aetna HMO CIGNA PPO HIP HMO HIP VIP HMO Vytra HMO	N/A	\$ 0.00	\$ 0.00	\$ 0.00
10/1/95 - 9/30/96	No	Aetna HMO CIGNA PPO HIP HMO Vytra HMO	Less than \$30,000	\$10.29	\$ 15.71	\$ 21.13
			\$30,000 - \$39,999.99	\$14.63	\$ 21.67	\$ 29.25
			\$40,000 - \$59,999.99	\$18.96	\$ 28.17	\$ 37.92
			\$60,000 and over	\$24.97	\$ 37.48	\$ 49.97
10/1/95 - 12/31/01	Yes	CIGNA PPO HIP VIP HMO	N/A	\$ 0.00	\$ 0.00	\$ 0.00
10/1/96 - 12/31/01	No	Aetna HMO CIGNA PPO HIP HMO Vytra HMO	Less than \$30,000	\$20.58	\$ 31.42	\$ 42.25
			\$30,000 - \$39,999.99	\$29.25	\$ 43.33	\$ 58.50
			\$40,000 - \$59,999.99	\$37.92	\$ 56.33	\$ 75.83
			\$60,000 and over	\$49.93	\$ 74.95	\$ 99.94
1/1/02 or later	Yes	CIGNA PPO	N/A	\$48.85	\$ 97.71	
		HIP VIP (Suffolk)	N/A	\$73.45	\$146.90	
1/1/02 or later	No	Aetna HMO	N/A	\$70.78	\$132.02	\$199.90
		CIGNA PPO	N/A	\$87.57	\$184.28	\$252.81
		HIP HMO	N/A	\$59.39	\$108.43	\$172.64
		Vytra HMO	N/A	\$66.31	\$132.66	\$191.34

* Base Salary is based on your full-time equivalent salary on the day immediately preceding your retirement.

1-1-2004 Monthly Retiree Contributions

For IBEW Union Retirees

Retirement Date	Medicare-Eligible	Medical Plan(s)	Annual Base Salary*	Coverage		
				One Person	2 People	3 or More People
Prior to 10/1/95	N/A	Aetna HMO CIGNA PPO HIP HMO HIP VIP HMO Vytra HMO	N/A	\$ 0.00	\$ 0.00	\$ 0.00
10/1/95 - 9/30/96	No	Aetna HMO CIGNA PPO HIP HMO Vytra HMO	Less than \$30,000	\$10.29	\$15.71	\$ 21.13
			\$30,000 - \$39,999.99	\$14.63	\$21.67	\$ 29.25
			\$40,000 - \$59,999.99	\$18.96	\$28.17	\$ 37.92
			\$60,000 and over	\$24.97	\$37.48	\$ 49.97
10/1/95 - 7/31/00	Yes	CIGNA PPO HIP VIP	N/A	\$ 0.00	\$ 0.00	\$ 0.00
10/1/96 - 7/31/00	No	Aetna HMO CIGNA PPO HIP HMO Vytra HMO	Less than \$30,000	\$20.58	\$31.42	\$ 42.25
			\$30,000 - \$39,999.99	\$29.25	\$43.33	\$ 58.50
			\$40,000 - \$59,999.99	\$37.92	\$56.33	\$ 75.83
			\$60,000 and over	\$49.93	\$74.95	\$ 99.94
8/1/00 - 12/31/03	No	Aetna HMO CIGNA PPO HIP HMO Vytra HMO	Less than \$30,000	\$22.64	\$34.56	\$ 46.48
			\$30,000 - \$39,999.99	\$32.18	\$47.66	\$ 64.35
			\$40,000 - \$59,999.99	\$41.71	\$61.96	\$ 83.41
			\$60,000 and over	\$54.92	\$82.45	\$109.93
8/1/00 or later	Yes	CIGNA Indemnity HIP VIP	N/A	\$ 0.00	\$ 0.00	\$ 0.00
1/1/04 or later	No	Aetna HMO CIGNA PPO HIP HMO Vytra HMO	Actual Monthly Base Salary*	3% of Monthly Base Salary*	3.5% of Monthly Base Salary*	4% of Monthly Base Salary*

* Base Salary is based on your full-time equivalent salary on the day immediately preceding your retirement.

1-1-2004 Monthly COBRA Contributions

For participants who were **not** in the IBEW Union (or who were members of the IBEW Union who terminated employment before August 1, 2000):

Medical Plan	Coverage		
	One Person	2 People	3 or More People
Aetna HMO	\$360.98	\$673.30	\$1019.49
CIGNA PPO	\$446.62	\$939.82	\$1289.31
HIP HMO	\$302.91	\$553.01	\$ 880.45
HIP VIP HMO (Suffolk)	\$374.57	\$749.14	
Vytra HMO	\$338.17	\$676.57	\$ 975.85

For participants who were members of the IBEW Union who terminated employment on or after August 1, 2000:

Medical Plan	Coverage		
	One Person	2 People	3 or More People
Aetna HMO	\$376.99	\$703.19	\$1064.88
CIGNA PPO	\$468.95	\$986.81	\$1353.77
HIP HMO	\$311.99	\$569.62	\$ 906.88
HIP VIP HMO (Suffolk)	\$374.57	\$749.14	
Vytra HMO	\$375.83	\$751.80	\$1084.31
CIGNA Indemnity	\$243.07	\$492.22	