

**LAFAYETTE COLLEGE
RETIREE MEDICAL INSURANCE
MONTHLY PREMIUM RATES
Beginning January 2008**

PRE-65 RETIREES

	M O N T H L Y		
	TOTAL PREMIUM	COLLEGE CONTRIB.	EMPLOYEE CONTRIB.
<u>Capital Blue Cross PPO Plan</u>			
INDIVIDUAL	\$370.11	333.11	37.00
PARENT/CHILD	866.19	680.37	185.82
PARENT/CHILDREN	909.64	710.78	198.86
FAMILY	1,061.74	817.26	244.48
<u>KEYSTONE HMO</u>			
INDIVIDUAL	\$331.30	298.18	33.12
PARENT/CHILD	779.71	634.49	145.22
PARENT/CHILDREN	818.98	663.94	155.04
FAMILY	956.47	767.05	189.42

POST-65 RETIREES

	M O N T H L Y		
	TOTAL PREMIUM	COLLEGE CONTRIB.	EMPLOYEE CONTRIB.
<u>Capital Blue Cross PPO Plan</u>			
INDIVIDUAL	\$433.06	\$333.11	\$99.95
<u>Keystone Senior Blue HMO Plan</u>			
INDIVIDUAL	\$231.57	\$231.57	\$0
<u>Keystone Senior Blue PPO Plan</u>			
INDIVIDUAL	\$239.57	\$239.57	\$0

UNITED CONCORDIA - CONCORDIA FLEX

SINGLE COVERAGE	\$27.94
TWO-PARTY	55.86
FAMILY	72.24