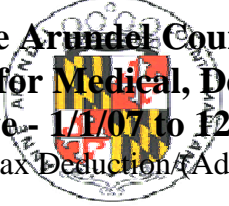


## Appendix IV

  
**Anne Arundel County**  
**General Rate Schedule for Medical, Dental and Vision Plans**  
**Effective- 1/1/07 to 12/31/07**  
 Employee Pre-Tax Deduction/(Addition To Pay)

### Pay Period Rates

Health and Dental Options	Individual	Parent & Child	Husband & Wife	Family
<b>Triple Choice with No Dental Coverage</b>	46.05	83.41	100.03	130.16
<b>Triple Choice with CIGNA Dental Care (DMO)</b>	46.75	84.43	101.33	131.73
<b>Triple Choice with CIGNA Dental PPO</b>	47.90	85.26	101.88	132.01
<b>MPOS with No Dental Coverage</b>	16.52	30.95	37.28	48.82
<b>MPOS with CIGNA Dental Care (DMO)</b>	17.22	31.97	38.58	50.39
<b>MPOS with CIGNA Dental PPO</b>	18.37	32.80	39.13	50.67
<b>Optimum Choice with No Dental Coverage</b>	14.23	27.01	32.49	42.54
<b>Optimum Choice with CIGNA Dental Care (DMO)</b>	14.93	28.03	33.79	44.11
<b>Optimum Choice with CIGNA Dental PPO</b>	16.08	28.86	34.34	44.39
<b>CIGNA Dental Care (DMO) with No Health</b>	(19.61)	(18.97)	(18.42)	(17.86)
<b>CIGNA Dental PPO with No Health</b>	(17.31)	(17.31)	(17.31)	(17.31)
<b>No Coverage (Opt Out)</b>	(21.00)	(21.00)	(21.00)	(21.00)
<b>No Coverage (Opt Out) AFSCME Local 2563</b>	(28.85)	(28.85)	(28.85)	(28.85)

This schedule is intended to provide a convenient cost comparison of various health plan options (**there is no charge for vision care**). Amounts in ( ) indicate an addition to pay. Pay period rates mean 26 times/year.