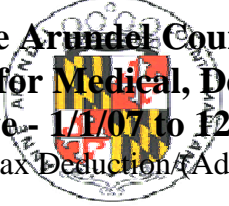


Appendix IV


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