

TRI-COUNTY SCHOOLS INSURANCE GROUP

Vision Plan Rates (Monthly)

Effective: July 1, 2008

| PLAN A | \$0 Copay | \$5 Copay | \$10 Copay | \$15 Copay |
|--------------------------|------------------|------------------|-------------------|-------------------|
| COMPOSITE: | \$18 | \$17 | \$16 | \$15 |
| TIERED: | | | | |
| Employee Only | \$11 | \$10 | \$9 | \$8 |
| Employee + One Dependent | \$16 | \$15 | \$14 | \$13 |
| Employee + Family | \$29 | \$28 | \$27 | \$26 |

| PLAN B | \$0 Copay | \$5 Copay | \$10 Copay | \$15 Copay |
|--------------------------|------------------|------------------|-------------------|-------------------|
| COMPOSITE: | \$21 | \$20 | \$19 | \$18 |
| TIERED: | | | | |
| Employee Only | \$13 | \$12 | \$11 | \$10 |
| Employee + One Dependent | \$19 | \$18 | \$17 | \$16 |
| Employee + Family | \$33 | \$32 | \$31 | \$30 |

| PLAN C | \$0 Copay | \$5 Copay | \$10 Copay | \$15 Copay |
|--------------------------|------------------|------------------|-------------------|-------------------|
| COMPOSITE: | \$27 | \$26 | \$25 | \$24 |
| TIERED: | | | | |
| Employee Only | \$17 | \$16 | \$15 | \$14 |
| Employee + One Dependent | \$24 | \$23 | \$22 | \$21 |
| Employee + Family | \$43 | \$42 | \$41 | \$40 |