

## 2007 Benefit Continuation Price Sheet – Full Cost

Benefit Plan	Semi-Monthly*	Monthly
<b>Medical Plan</b>	Coverage 16 <sup>th</sup> of the month through the end of month	Coverage 1 <sup>st</sup> of the month through end of the month
Premium PPO Plan – Individual only – Individual + spouse – Individual + child(ren) – Individual + family	\$174.50 \$348.50 \$305.00 \$522.50	\$349.00 \$697.00 \$610.00 \$1,045.00
Standard PPO Plan – Individual only – Individual + spouse – Individual + child(ren) – Individual + family	\$153.00 \$305.50 \$267.50 \$458.00	\$306.00 \$611.00 \$535.00 \$916.00
Consumer Choice Medical – Individual only – Individual + spouse – Individual + child(ren) – Individual + family	\$123.00 \$246.50 \$215.50 \$369.50	\$246.00 \$493.00 \$431.00 \$739.00
<b>Dental Plan</b>	Coverage 16 <sup>th</sup> of the month through the end of month	Coverage 1 <sup>st</sup> of the month through end of the month
Basic Plan – Individual only – Individual + spouse – Individual + child(ren) – Individual + family	\$12.00 \$23.50 \$20.50 \$35.50	\$24.00 \$47.00 \$41.00 \$71.00
Comprehensive Plan – Individual only – Individual + spouse – Individual + child(ren) – Individual + family	\$18.00 \$36.50 \$32.00 \$54.50	\$36.00 \$73.00 \$64.00 \$109.00
<b>Vision Plan</b>	Coverage 16 <sup>th</sup> of the month through the end of month	Coverage 1 <sup>st</sup> of the month through end of the month
– Individual only – Individual + spouse – Individual + child(ren) – Individual + family	\$5.28 \$8.45 \$8.61 \$13.89	\$10.76 \$16.90 \$17.22 \$27.78

\*The semi-monthly premium is only applicable if coverage ends on the 15<sup>th</sup> of the month. All other premium payments must be for a full month.

The employers participating in The Farm Credit Foundation Benefit Plans intend to provide these plans on an ongoing basis; however, they reserve the right to amend, adjust rates, or terminate the plan at any time.