KeySpan Boston Gas Rate Case
Medical Premiums

	Yr 2002 Monthly Premium Ind	Yr 2002 Monthly Premium Fam		Yr 2003 Monthly Premium Ind	Yr 2003 Monthly Premium Fam
Management - Medical and Rx					
New York					
Aetna US Healthcare - POS	315.12	837.59	A	304.39	809.46
CIGNA Network	280.66	806.69	A	332.82	956.55
CIGNA Traditional	1,007.11	2,557.65	A	1,024.95	2,603.80
HIP	261.21	647.66	A	281.56	699.92
Oxford	281.36	745.61	A	313.92	831.89
VYTRA HMO	243.52	641.52	A	294.74	723.82
GHI	277.52	711.88	A	309.07	793.13
New England					
Tufts	276.04	745.33	B	326.79	882.36
Harvard	252.88	687.83	B	286.00	777.07
New Hampshire					
Anthem BC/BS POS	305.43	798.72	B	352.96	927.41
Local 3					
GHI Plan A	217.67	563.28	A	287.60	743.75
GHI Plan B	246.35	636.41	A	319.98	826.19
Local 101					
GHI Premiere	227.15	553.81	A	256.76	626.52
GHI Standard	212.32	517.81	A	241.06	588.37
LIU - Local 1049 & 1381					
Oxford - Union	268.90	712.56	A	299.24	792.98
VYTRA HMO - Union	247.99	653.18	A	275.26	725.11
United Healthcare HMO	289.76	736.47	A	328.59	835.44
Aetna NY - HMO	348.25	865.50	A	344.64	858.61
Aetna NJ - HMO	348.25	865.50	A	344.64	858.61
HIP - Union LI	269.13	667.49	A	292.75	726.86

Note A: Includes self-insurance drug coverage beginning in 2002
Note B: Based on 2003 premium, plus 95% of incremental premium to add drug coverage
Note C: Premium includes drug coverage

KeySpan Boston Gas Rate Case
Medical Premiums

	Yr 2002 Monthly Premium Ind	Yr 2002 Monthly Premium Fam		Yr 2003 Monthly Premium Ind	Yr 2003 Monthly Premium Fam
Local 13507 - Colonial Gas - Cape					
Tufts	289.23	780.92	B	355.50	959.86
HMO Blue NE	348.48	914.07	C	399.13	1,050.35
Local 12012-3 Energy North					
Matthew Thornton HMO	304.09	795.21	C	364.62	953.49
Local 12012 - Essex / Malden / Lowell					
Tufts	289.22	780.91	B	327.26	883.64
Harvard	262.09	712.88	C	304.72	828.84
Blue Choice POS	364.68	956.57	C	425.14	1,115.16
Local 12003 - Boston Gas - Boston					
Tufts	289.22	780.91	B	327.26	883.64
Harvard	262.09	712.88	C	304.72	828.84
Fallon	231.76	602.58	C	295.34	759.02
Blue Choice POS	364.68	956.57	C	425.14	1,115.16
Local 318 - Boston Gas - Beverly					
Tufts	289.22	780.91	B	327.26	883.64
Harvard	262.09	712.88	C	304.72	828.84
Blue Choice POS	364.68	956.57	C	425.14	1,115.16
Local 343 - Boston Gas - Central Mass					
Tufts	289.22	780.91	B	327.26	883.64
Cigna Health Source	295.76	769.39	C	335.98	874.03
Fallon	231.76	602.58	C	295.34	759.02
Local 350 - Boston Gas - Wachusett					
Tufts	289.22	780.91	B	327.26	883.64
Cigna Health Source	295.76	769.39	C	335.98	874.03
Fallon	231.76	602.58	C	295.34	759.02

Note A: Includes self-insurance drug coverage beginning in 2002
Note B: Based on 2003 premium, plus 95% of incremental premium to add drug coverage
Note C: Premium includes drug coverage

Aetna™

New York, NY 10016-1601

212-457-0693
Fax: 212-457-0302

April 3, 2003

Ms. Debra Nobile
Manager of Finance
Keyspan Corporation
242 Old Country Road
Mineola, NY 11501

Re: 2003 QPOS and HMO Rates
Group numbers 10786, 561J and 4559

Dear Debra,

This letter is to confirm the rate action taken for the 2003 renewal for KeySpan Corporation. Attached you will find the renewal rates which were effective January 1, 2003. These rates were billed for three months (January, February and March).

After further review and negotiation, Aetna agreed to reduce the QPOS rates for the management employees (group number 10786). The April bills reflect the revised rates as outlined in the attachment titled ***Management Group 2003 Rates - Revised February 20, 2003***. In view of the fact the original rates were billed for the first three months of 2003, KeySpan's April billing statement includes credits for the difference between the original and revised rates.

Please let me know if you have any questions.

Sincerely,

Tony

Cc: W. Clifford, Chase USI
M. Altholz, Chase USI

HMO Renewal Rates

Keyspan Energy
Effective January 01, 2003

Policyholder Number - 813514
Group Number(s) - US004559

- This exhibit outlines your renewal rates effective January 01, 2003.
- It also provides rates for the requested plan changes which are outlined at the bottom of this exhibit.

NY - New York Metro - HMO				
Coverage Categories	Current Employees	Renewal Rates	Renewal Rates W/ Plan Changes	% Change
Employee Only	29	$307.52	$296.38	-3.6%
Employee + Family	52	$757.58	$730.73	-3.5%
Monthly Premium	81	$48,312.24	$46,592.98	-3.6%

NJ - North - HMO				
Coverage Categories	Current Employees	Renewal Rates	Renewal Rates W/ Plan Changes	% Change
Employee Only	1	$307.52	$296.38	-3.6%
Employee + Family	1	$757.58	$730.73	-3.5%
Monthly Premium	2	$1,065.10	$1,027.11	-3.6%

NJ - South - HMO				
Coverage Categories	Current Employees	Renewal Rates	Renewal Rates W/ Plan Changes	% Change
Employee Only	0	$307.52	$296.38	-3.6%
Employee + Family	0	$757.58	$730.73	-3.5%
Monthly Premium	0	$0.00	$0.00	-4.4%

Plan Changes

Benefit	Current Plan	Requested Changes
PCP Copay	$2.00	$5.00
Specialist	$0.00	$5.00
Emergency Room*	$15.00	$25.00
DME	N/A	100%
OP Mental/Nervous**	$0 1 to 2 visits $10 3 to 10 visits $25 11 to 20 visits	$25 20 visits for NY $25 20 visits for NJ

* Emergency Room copay must be at least $13 higher than Specialist Copay.
** The Outpatient Mental & Nervous copay must be greater than or equal to the Specialist copay.

Management Group 2003 Rates - Revised February 20, 2003

Policyholder Number - 813514
Group Number(s) - US010786

Keyspan Energy
Effective January 01, 2003

- This exhibit outlines your renewal rates effective January 01, 2003.
- Please refer to the Financial Conditions for an outline of the terms and conditions of this proposal.

QPOS Plan for Active Employees and COBRA Continuees

NY, NJ, CT, & PA - QPOS		
Coverage Categories	2002 Rates	2003 Rates
Employee Only	$273.20	$254.48
Employee + Family	$726.50	$677.20

QPOS Plan for Under Age 65 Retirees

NY, NJ, CT, & PA - QPOS		
Coverage Categories	2002 Rates	2003 Rates
Employee Only	$289.50	$295.02
Employee + Family	$766.80	$809.45

HMO Plan for Under Age 65 Retirees

NY - New York Metro - HMO		
Coverage Categories	2002 Rates	2003 Rates
Employee Only	$287.50	$304.35
Employee + Family	$710.70	$752.51

Anthem Blue Cross and Blue Shield
3000 Goffs Falls Road
Manchester, NH 03111-0001
Tel 603 695-7000
www.anthem.com

Anthem.

Diane Searight
KeySpan Corporation
242 Old Country Rd Third Floor
Mineola NY 11501

Re: Anthem BCBSNH 2003 Renewal Rates

Dear Diane:

The renewal rates represent a 19% rate adjustment for KeySpan. Here are the 2003 renewal rates for Anthem BCBSNH:

Group Numbers	Rates
0004230855	$305.43
	$957.70
0004230856	$364.62
	$953.49
0004230848	$471.17
9060170006	$942.32
9060170007	$1272.18
9060170003	$692.23
	$1384.46
	$1868.59
9060170001	$728.69
9060170002	$1457.38
	$1967.52
9060170004	$292.51
9060170005	$322.09
	$366.49
9060060000	$149.32
	$179.18
	$223.98
0004230857	$307.82
	$805.48

If I can be of further service, please feel free to contact me at (603)695-7743.

Sincerely,

Laurie Churchill
Account Manager

USA

An independent licensee of the Blue Cross and Blue Shield Association.
Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc.
® Registered marks of the Blue Cross and Blue Shield Association.

James Houhoulis
Account Executive
Major Group Sales

Tel: (617) 246-7913
Fax: (617) 246-7966
james_houhoulis@bcbsma.com

Landmark Center
401 Park Drive
Boston, MA 02215-3326

March 21, 2003

Debra Nobile
Keyspan Energy Delivery
242 Old Country Road, 3rd fl
Mineola, N.Y. 11501

Dear Debra:

This letter is to confirm the coverage you have selected effective, January 1, 2003 for the 2003 plan year.

Group Numbers: (see attached)	Product Name:	Monthly Administrative Fees and Working Rates: Individual	Family
	Master Health Plus	$502.23	$1,248.75
	cost per contract	$43.19	
	Master Medical	$500.68	$1,245.49
	cost per contract	$43.19	
	CMM (carveout)	$286.88	----
	cost per contract	$43.19	
	CMM	$220.61	$552.64
	cost per contract	$43.19	
	Medex (Boston Gas)	$241.27	----
	cost per contract	$18.13	

Weekly Payments:
Indemnity (MHP, MM, CMM, CMM Carveout) $18,323
Medex: $72,700

An Independent Licensee of the Blue Cross and Blue Shield Association

(2)

March 21, 2003
Debra Mobile
Keyspan Energy Delivery

Group Numbers: (see attached)	Product Name:	Monthly Premium Rates: Individual	Family
	Blue Choice	$425.14	$1,115.16
	HMO Blue New England	$399.13	$1,050.35
	Blue Care Elect Preferred	$762.28	$1,905.69
	Managed Blue for Seniors	$266.35	----
	Medex (Colonial Gas)	$318.23	----
	Blue Care 65 (Boston Gas)	$237.00	----
	Blue Care 65 (Colonial Gas)	$235.00	----

L 12012
L 13507

Should you have any questions regarding this information, please telephone me at (617) 246-7913.
We appreciate your business and look forward to a mutually beneficial partnership.

Sincerely,

James E. Houhoulis

James E. Houhoulis
Account Executive

NYC.Sales

CIGNA HealthCare

February 6, 2003

Routing 526
499 Washington Blvd.
Jersey City NJ 07310-1608
Telephone 201.533.7665
Facsimile 201.533.7154
dave.jolly@cigna.com

Mr. Justin Orlando
Vice President of Benefits
KeySpan Energy
242 Old Country Road
Mineola, NY 11501

RE: Cigna HealthCare January 1, 2003 Renewal

Dear Justin:

This letter will document the 1/1/03 renewal rate actions agreed to for the Cigna-adminstered KeySpan Medical and Dental benefits as follows:

Account/Policy #	Coverage/Product	1/1/03 Renewal Rate
256 Management	Medical-Traditional	plus 1%
	Dental	minus 5%
12666 Union	Medical-Traditional	plus 1%
	Dental	minus 5%
2023486 Mgt/Union	Medical POS	plus 18.5%

The 2002 and 2003 renewal rates are identified in the attached exhibits and all rates are guaranteed for 12 months, from 1/1/03 to 12/31/03.

Please let me know if you have any questions or require anything further. Thank you.

Sincerely,

Dave Jolly
Senior Client Manager

CC: M. Heaphy
D. Nobile

Proud National Sponsor of the March of Dimes WalkAmerica for Healthier Babies

"CIGNA HealthCare" or "CIGNA" refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Intracorp®, CIGNA Behavioral Health, Inc., and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

[redacted]

Branch	Coverage	Tier	Lives	Current Rate	Current Premium	Rate Action	New Rate	2003 Premium
099	Hospital	Employee	3	$ 68.65	$ 205.95	1.0%	$ 69.35	$ 207.75
	Hospital	Emp. & Dep	0	$ 137.10	$ -	1.0%	$ 138.50	$ -
101	Maj. Med.	Employee	5	$ 865.19	$ 4,325.95	1.0%	$ 873.04	$ 4,375.22
	Maj. Med.	Emp. & Dep	3	$ 2,445.55	$ 7,339.65	1.0%	$ 2,471.84	$ 7,414.52
203	Hospital	Employee	2	$ 1,411.82	$ 2,823.64	1.0%	$ 1,426.34	$ 2,852.67
	Hospital	Emp. & Dep	0	$ 2,824.03	$ -	1.0%	$ 2,852.95	$ -
203	Maj. Med	Employee	2	$ 5,007.05	$ 10,014.10	1.0%	$ 5,058.17	$ 10,116.35
	Maj. Med	Emp. & Dep	0	$ 9,969.99	$ -	1.0%	$ 10,102.09	$ -
204	Hospital	Employee	3	$ 1,411.82	$ 4,235.76	1.0%	$ 1,426.94	$ 4,279.01
	Hospital	Emp. & Dep	1	$ 2,824.03	$ 2,824.03	1.0%	$ 2,852.95	$ 2,852.95
204	Maj. Med	Employee	3	$ 5,007.05	$ 15,021.15	1.0%	$ 5,058.17	$ 15,174.52
	Maj. Med	Emp. & Dep	1	$ 9,969.99	$ 9,969.99	1.0%	$ 10,102.09	$ 10,102.09
304	Hospital	Employee	24	$ 74.16	$ 1,779.84	1.0%	$ 74.92	$ 1,798.01
	Hospital	Emp. & Dep	25	$ 148.28	$ 3,707.20	1.0%	$ 149.79	$ 3,744.84
304	Maj. Med	Employee	24	$ 378.35	$ 9,080.40	1.0%	$ 382.21	$ 9,173.11
	Maj. Med	Emp. & Dep	25	$ 756.69	$ 18,925.24	1.0%	$ 764.44	$ 19,127.35
305	Hospital	Employee	10	$ 74.16	$ 741.60	1.0%	$ 74.92	$ 749.17
	Hospital	Emp. & Dep	28	$ 148.28	$ 4,151.84	1.0%	$ 149.79	$ 4,194.23
305	Maj. Med	Employee	10	$ 378.35	$ 3,783.50	1.0%	$ 382.21	$ 3,822.13
	Maj. Med	Emp. & Dep	28	$ 756.69	$ 21,243.32	1.0%	$ 764.44	$ 21,460.22
402	Hospital	Employee	2	$ 866.25	$ 1,732.45	1.0%	$ 875.07	$ 1,750.15
	Hospital	Emp. & Dep	0	$ 1,732.45	$ -	1.0%	$ 1,750.14	$ -
402	Maj. Med	Employee	2	$ 2,104.92	$ 4,209.84	1.0%	$ 2,126.41	$ 4,252.82
	Maj. Med	Emp. & Dep	0	$ 4,209.84	$ -	1.0%	$ 4,252.82	$ -
404	Hospital	Employee	0	$ 866.23	$ -	1.0%	$ 875.07	$ -
	Hospital	Emp. & Dep	0	$ 1,732.45	$ -	1.0%	$ 1,750.14	$ -
404	Maj. Med	Employee	0	$ 2,104.92	$ -	1.0%	$ 2,126.41	$ -
	Maj. Med	Emp. & Dep	0	$ 4,209.84	$ -	1.0%	$ 4,252.82	$ -
408	Maj. Med.	Employee	7	$ 533.33	$ 3,732.31	1.0%	$ 538.67	$ 3,770.72
	Maj. Med.	Emp. & Dep	0	$ 1,066.47	$ -	1.0%	$ 1,077.36	$ -
410	Maj. Med.	Employee	0	$ 533.33	$ -	1.0%	$ 538.67	$ -
	Maj. Med.	Emp. & Dep	0	$ 1,066.47	$ -	1.0%	$ 1,077.36	$ -
412	Maj. Med.	Employee	0	$ 533.33	$ -	1.0%	$ 538.67	$ 29,011.07
	Maj. Med.	Emp. & Dep	52	$ 1,066.47	$ 27,727.86	1.0%	$ 1,077.36	$ 28,784.82
414	Maj. Med.	Employee	36	$ 533.33	$ 38,392.92	1.0%	$ 538.67	$ -
	Maj. Med.	Emp. & Dep	0	$ 1,066.47	$ -	1.0%	$ 1,077.36	$ 1,077.36
500	Maj. Med.	Employee	1	$ 1,066.47	$ 1,066.47	1.0%	$ 33.09	$ 33.39
	Maj. Med.	Emp. & Dep	3	$ 32.76	$ 98.28	1.0%	$ 33.18	$ 727.67
500	Hospital	Employee	11	$ 65.81	$ 723.81	1.0%	$ 190.31	$ 570.94
	Hospital	Emp. & Dep	3	$ 188.39	$ 565.17	1.0%	$ 178.57	$ 1,894.32
502	Maj. Med.	Employee	11	$ 176.77	$ 1,944.47	1.0%	$ 33.09	$ -
	Maj. Med.	Emp. & Dep	0	$ 32.76	$ -	1.0%	$ 33.18	$ -
502	Hospital	Employee	0	$ 65.81	$ -	1.0%	$ 33.39	$ -
	Hospital	Emp. & Dep	0	$ 33.39	$ -	1.0%	$ 178.57	$ -
508	Maj. Med.	Employee	0	$ 176.77	$ -	1.0%	$ 65.83	$ 1,181.40
	Maj. Med.	Emp. & Dep	18	$ 64.57	$ 1,189.46	1.0%	$ 131.33	$ 3,413.20
508	Hospital	Employee	25	$ 133.95	$ 3,378.70	1.0%	$ 175.37	$ 2,155.70
	Hospital	Emp. & Dep	18	$ 173.60	$ 3,124.80	1.0%	$ 350.75	$ 5,765.56
510	Maj. Med.	Employee	25	$ 347.21	$ 8,680.25	1.0%	$ 65.83	$ -
	Maj. Med.	Emp. & Dep	0	$ 64.57	$ -	1.0%	$ 131.33	$ -
510	Hospital	Employee	0	$ 133.95	$ -	1.0%	$ 175.37	$ -
	Hospital	Emp. & Dep	0	$ 173.60	$ -	1.0%	$ 350.75	$ -
512	Maj. Med.	Employee	0	$ 347.21	$ -	1.0%	$ 65.83	$ 9,057.40
	Maj. Med.	Emp. & Dep	138	$ 64.57	$ 8,865.66	1.0%	$ 131.33	$ 5,119.80
512	Hospital	Employee	39	$ 133.95	$ 5,088.05	1.0%	$ 175.37	$ 24,301.40
	Hospital	Emp. & Dep	138	$ 173.60	$ 23,968.80	1.0%	$ 350.75	$ 13,679.45
514	Maj. Med.	Employee	39	$ 347.21	$ 13,541.19	1.0%	$ 65.83	$ -
	Maj. Med.	Emp. & Dep	0	$ 64.57	$ -	1.0%	$ 131.33	$ -
514	Hospital	Employee	0	$ 133.95	$ -	1.0%	$ 175.37	$ -
	Hospital	Emp. & Dep	0	$ 173.60	$ -	1.0%	$ 350.75	$ -
516	Maj. Med.	Employee	0	$ 347.21	$ -	1.0%	$ 65.83	$ 196.80
	Maj. Med.	Emp. & Dep	0	$ 64.57	$ 194.91	1.0%	$ 131.33	$ -
516	Hospital	Employee	3	$ 133.95	$ -	1.0%	$ 175.37	$ 525.12
	Hospital	Emp. & Dep	0	$ 173.60	$ 520.80	1.0%	$ 350.75	$ -
600	Maj. Med.	Employee	3	$ 347.21	$ -	1.0%	$ 133.84	$ -
	Maj. Med.	Emp. & Dep	0	$ 136.46	$ -	1.0%	$ 273.69	$ -
600	Hospital	Employee	0	$ 270.81	$ -	1.0%	$ 475.55	$ -
	Hospital	Emp. & Dep	0	$ 470.74	$ -	1.0%	$ 951.09	$ -
602	Maj. Med.	Employee	0	$ 941.48	$ -	1.0%	$ 64.26	$ 385.56
	Maj. Med.	Emp. & Dep	0	$ 63.61	$ 381.66	1.0%	$ 128.53	$ -
602	Hospital	Employee	6	$ 127.23	$ -	1.0%	$ 209.33	$ 1,255.95
	Hospital	Emp. & Dep	0	$ 207.21	$ 1,243.26	1.0%	$ 418.65	$ -
700	Maj. Med.	Employee	6	$ 414.42	$ -	1.0%	$ 42.07	$ 2,019.13
	Maj. Med.	Emp. & Dep	0	$ 41.64	$ 1,998.72	1.0%	$ 84.15	$ 4,984.55
700	Hospital	Employee	48	$ 83.30	$ 4,014.70	1.0%	$ 62.72	$ 3,010.75
	Hospital	Emp. & Dep	59	$ 62.09	$ 2,960.32	1.0%	$ 125.46	$ 7,402.02
801	Maj. Med.	Employee	43	$ 124.19	$ 7,327.21	1.0%	$ 792.16	$ 792.16
	Maj. Med.	Emp. & Dep	59	$ 784.15	$ 784.15	1.0%	$ 1,584.31	$ -
	PPO	Employee	1	$ 1,569.30	$ -			
	PPO	Emp. & Dep	0					
ALL					$ 280,072.80			$ 283,035.22

→ TRADITIONAL

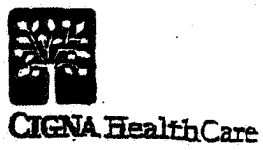
Cigna traditional rates

[redacted]

Branch	Coverage	Tier	Lives	Current Rate	Current Premium	Rate Action	New Rate	2003 Premium
32	DPP	Employee	2	$ 859.84	$ 1,719.68	18.5%	$ 1,018.91	$ 2,037.82
	DPP	Emp. & Dep	1	$ 2,278.57	$ 2,278.57	18.5%	$ 2,700.11	$ 2,700.11
34	DPP	Employee	0	$ 921.42	$ -	18.5%	$ 1,091.88	$ -
	DPP	Emp. & Dep	0	$ 2,441.78	$ -	18.5%	$ 2,893.51	$ -
36	DPP	Employee	31	$ 238.74	$ 7,400.94	18.5%	$ 282.91	$ 8,770.11
	DPP	Emp. & Dep	110	$ 695.60	$ 76,516.00	18.5%	$ 824.29	$ 90,671.46
37	DPP	Employee	12	$ 688.78	$ 8,265.36	18.5%	$ 816.20	$ 9,794.45
	DPP	Emp. & Dep	61	$ 1,537.19	$ 93,788.59	18.5%	$ 1,821.57	$ 111,115.78
39	DPP	Employee	0	$ 688.78	$ -	18.5%	$ 816.20	$ -
	DPP	Emp. & Dep	1	$ 1,537.19	$ 1,537.19	18.5%	$ 1,821.57	$ 1,821.57
41	DPP	Employee	1	$ 688.78	$ 688.78	18.5%	$ 816.20	$ 816.20
	DPP	Emp. & Dep	1	$ 1,537.19	$ 1,537.19	18.5%	$ 1,821.57	$ 1,821.57
ALL					$ 193,712.30			$ 229,549.08

***Branches 034 and 036 are Active branches.

PE-5



Ms. Andriana Galatoulas
Benefits Department – 5th Floor
Keyspan Energy Delivery
250 Old Country Road
Mineola, NY 11501

Dear Andriana:

Per your request, this confirms the 2002 and 2003 medical insurance rates:

2002:
$295.76 – Individual ✓
$769.39 – Family ✓

2003:
$335.98 – Individual ✓
$874.03 – Family ✓

The year to year per cent renewal on these rates is 13.6%.

Please do not hesitate to call with any questions.

Sincerely,

Jay Bride
Client Manager
CIGNA HealthCare
2223 Washington St. Suite 200
Newton, MA 02462
617.630.7917 – direct
617.630.4383 – fax
john.bride@cigna.com

Proud National Sponsor of the March of Dimes® WalkAmerica . . . the Walk that Saves Babies

"CIGNA HealthCare" or "CIGNA" refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

FALLON COMMUNITY HEALTH PLAN

ANNIVERSARY RENEWAL ACKNOWLEDGEMENT

FOR

Keyspan Energy
Select Care
2247476, 4448963, 4449069, 4449115, 4449116, 4449209

Effective Date	**January 1, 2003**
Individual **Family**	**$295.34** **$759.02**
Office Visit	**$10 co-payment per visit**
Prescription Drugs	**$5/$15/$35 co-payment** **Mail order discounts available**
Inpatient Hospitalization	**100% coverage**
Emergency Room	**$50 co-payment per authorized visit**

Please see benefit summary for more detailed summary of benefits.

The above rates are based on the following factors:

- **51+ or more benefit eligible employees**
- **Geographic location of the company**
- **Contract mix of the company**
- **Age and gender of the employees**
- **Average family size of the employees**
- **Where members of the company receive care**

Confirmed By:

Ursula Arello
Signature

Ursula A. Arello
Name

Account Manager
Title

April 1, 2003
Date

As noted above, these rates are based upon the description of the group and their healthcare benefit plan(s) and carrier(s) offered at the time of this renewal. At FCHP's discretion, these rates may be subject to review and revision if there are significant changes in the group, plan designs, or carriers offered. These rates may also be subject to review and revision if there are changes in the State and/or Federal regulatory requirements with respect to benefits, plan design, utilization management programs, network composition or other plan features, or taxes, surcharges, assessments or other similarly mandated fees.

*** 19.03% overall change from 2002**

EVELYN MARZAN-MORALES
SR.ACCOUNT EXECUTIVE
TEL. 212-615-0844
FAX 212-563-6553
emarzan@ghi.com

FEB 24 2003

(4)

GHI

February 19, 2003

Ms. Debra A. Nobile
Manager of Benefit Finance Administration
KeySpan
242 Old Country Road
Mineola, New York 11501

Re: Rates for Contract Year 2003

Dear Debra,

Detailed below are the renewal rates for contract period January 1, 2003 - December 31, 2003 and percentage increases over the 2002 rates for Management and the various unions insured by Group Health Incorporated for KeySpan:

Contract Type	Rates	% change
	Management	
Individual	$259.16	10%
Family	$660.87	
	Local 101, Actives - Premier Plan	
Individual	$209.66	12%
Family	$501.70	
	Local 101, Actives -Standard Plan	
Individual	$193.96	12%
Family	$463.55	
	Local 101, Actives -Dental Plan	
Individual	$13.04	14.38%
Family	$56.08	
	Local 1049 Hospital/Medical Plan	
Individual	$215.81	12%
Family	$516.61	

Local 1049 Dental Plan

Individual	$ 7.70	14.38%
Family	$30.15	

Local 3 Premier Plan

Individual	$265.05	32.56%
Family	$680.61	

Local 3 Standard Plan

Individual	$232.67	35.86%
Family	$598.17	

Local 3 Dental Plan

Individual	$21.50	0%
Family	$72.56	

Local 1-2 Hospital/Medical Plan

Individual	$259.14	17.77%
Family	$633.77	

Local 1-2 Dental Plan

Individual	$16.71	0%
Family	$65.39	

If I may be of further assistance, please do not hesitate to contact me.

On behalf of GHI, I wish to "Thank you" for the opportunity to meet the health insurance needs of the employees of KeySpan.

Very truly yours,

Evelyn Marzan-Morales

Harvard Pilgrim Health Care

FEB 19 2003

February 7, 2003

Ms. Deborah Nobile
Corporate Employee Benefits
Keyspan Energy Delivery
242 Old Country Road
Mineola, NY 11501

Re: Harvard Pilgrim Health Care 2003 rates

Dear Deborah,

The following information was emailed to you on Thursday, February 5. We are now following up with a letter as also requested.

All of the following rates for Keyspan were effective 1/1/03 and are in effect for calendar year 2003:

Harvard Pilgrim #	Group Name	Individual Rate	Family Rate	% Increase Over 2002
06992	Union (Active and Early Retiree.)	$304.72	$828.84	+16.27%
036021	Management	240.86	655.14	N/A (New Benefits, No Rx)
37496	Trans Gas	295.57	803.95	+16.27%
037368	Early Retiree Management	293.79	799.11	N/A (new for 2003)

Sincerely,

Richard P. Clancy
Senior Account Executive
Harvard Pilgrim Health Care

HIP
HEALTH PLAN OF NEW YORK

NCQA Accreditation

FEB 19 2003

February 10, 2003

Witness: Orlando
D.T.E. 03-40
Exhibit KEDNE/JCO-5
Page 17 of 24

Ms. Debra Nobile
KeySpan Energy
242 Old Country Road
Mineola, NY 11501

Dear Ms. Nobile:

Enclosed are the active and retiree rates effective January 1, 2003. The active rates show the annual percentage increase over year 2002.

10027K2000 (Active Management)	Individual	$231.65	(5.6% increase)
	Family	$567.66	(5.2% increase)
1009078000 (Active/Locals 1049 & 1381)	Individual	$244.49	(7% increase)
	Family	$598.98	(7% increase)

The Medicare retiree rates effective January 1, 2003 for 10027K2001, 002 are listed below.

Bronx, Manhattan, Brooklyn and SI Counties	$ 78.10
Queens County	$113.14
Nassau County	$216.20
Westchester County	$241.48
Suffolk County	$241.18

The Medicare rates listed below for 10027K2004 reflect a credit due to an overage charged in year 2002.

Bronx, Manhattan, Brooklyn and SI Counties	$ 68.25
Queens County	$103.29
Nassau County	$204.43
Westchester County	$229.71
Suffolk County	$229.71

The Medicare rates for group's 1002665003, 006 and 1002818003 are as follows:

Bronx, Manhattan, Brooklyn and SI Counties	$ 83.56
Queens County	$108.74
Nassau County	$217.18
Westchester County	$237.18
Suffolk County	$237.18

Please feel free to call with me any questions.

Sincerely,

Keith Fischer

Keith Fischer
Sr. Account Executive
Marketing
KF/ra

Oxford Health Plans®

225 Broadhollow Road, Suite 210E • Melville, NY 11747 • 631-755-0530 • www.oxfordhealth.com

February 6, 2003

Mr. Justin Orlando
Keyspan Corporation
242 Old Country Road
Mineola, NY 11501

Dear Justin:

This letter confirms the 2003 renewal premium and increase amount for groups BU004 and KC1241.

BU004	1/1/02	3/1/02	1/1/03
ACTIVES			
single	239.44	239.44	264.01
family	634.52	634.52	699.63
RETIREES			
*maintained rx until 3/02			
single	326.21	239.44	264.01
family	864.46	634.52	699.63

10.3% increase

KC1241	7/1/01	7/1/02
ACTIVES/RETIREES		
single	228.17	250.98
family	604.64	665.10

10% Increase

Should you have any questions in regard to this information, please do not hesitate to call me at 631-753-5520.

Sincerely,

John Dallo
Regional Vice President
Long Island Sales

JD:dml

TUFTS Health Plan

Waltham, Massachusetts
02454-9112
(781) 466-9400
www.tuftshealthplan.com

September 30, 2002

Witness: Orlando
D.T.E. 03-40
Exhibit KEDNE/JCO-5

Ms. Debra Nobile
Keyspan Energy Delivery
242 Old Country Road
Mineola, NY 11501

Dear Debra:

I would like to confirm the 2003 renewal rates for the management group will be as follows.

POS Plan with Prescription Drug Carve Out

Individual: $281.65
Family: $760.43

POS Plan Including Prescription Drug Coverage of $10/$15/$30

Individual: $329.17
Family: $888.77

The above rates assume that the Keyspan Management group will adopt the following plan design for 2003. A summary plan description will follow under a separate cover for your approval.

- $15 Office Visit
- $50 ER
- $100 Inpatient Copay
- $0 Surgical Day Care Copay
- $500 / $1000 Deductible
- $2400/ $4800 Out of Pocket (not including deductible)
- Outpatient Mental Health Visits limited to 30 visits
- Outpatient Substance Abuse Visits limited to 30 visits

I look forward to continue working with you in the future. If you have any questions or need additional information, please feel free to contact me at (781) 466-1070, x 3320.

Sincerely,

Angela Crangle

Angela Crangle
Senior Account Manager

TUFTS Health Plan

P.O. Box 9112
Waltham, Massachusetts
02454-9112
(781) 466-9400
www.tuftshealthplan.com

September 30, 2002

Witness: Orlando
D.T.E. 03-40
Exhibit KEDNE/JCO-5

Ms. Debra Nobile
Keyspan Energy Delivery
242 Old Country Road
Mineola, NY 11501

Dear Debra:

I would like to confirm the 2003 renewal rates for the Colonial Gas Local Union 13507 group will be as follows.

POS Plan Including Prescription Drug Coverage
Individual: $355.50
Family: $959.86

The above rates assume that the Colonial Union group will maintain the current plan design listed below.

$10 Office Visit
$50 ER
$500 / $1000 Deductible
$2000/ $4000 Out of Pocket (not including deductible)
$5/$10 Rx (2 tier)

I look forward to continue working with you in the future. If you have any questions or need additional information, please feel free to contact me at (781) 466-1070, x 3320.

Sincerely,

Angela Crangle

Angela Crangle
Senior Account Manager

TUFTS Health Plan

Waltham, Massachusetts
02454-9112
(781) 466-9400
www.tuftshealthplan.com

September 30, 2002

Witness: Orlando
D.T.E. 03-40
Exhibit KEDNE/JCO-5

Ms. Debra Nobile
Keyspan Energy Delivery
242 Old Country Road
Mineola, NY 11501

Dear Debra:

I would like to confirm the 2003 renewal rates for the Keyspan Union group will be as follows.

POS Plan with Prescription Drug Carve Out

Individual: $282.12
Family: $761.71

The above rates assume that the Keyspan Union group will maintain the existing plan design listed below for 2003.

$15 Office Visit
$50 ER
$500 / $1000 Deductible
$2000/ $4000 Out of Pocket (not including deductible)

I look forward to continue working with you in the future. If you have any questions or need additional information, please feel free to contact me at (781) 466-1070, x 3320.

Sincerely,

Angela Crangle

Angela Crangle
Senior Account Manager

UnitedHealthcare
A UnitedHealth Group Company

Lea L. Singh
UnitedHealthcare of New York
2 Penn Plaza, 7th Floor
New York, NY 10021
(212) 216-6762, Fax (212) 216-6590

April 1, 2003

Ms. Deborah Nobile
KeySpan
242 Old Country Road
Mineola, NY 11501

Re: Rates

Dear Ms. Nobile:

Per your request, the following represents the rates for 2002 and 2003:

1/1/2003
New York

employee:	$280.33
employee + family:	$707.56

1/1/2002
New York

employee:	$249.03
employee + family:	$628.55

Please let me know if you have any questions.

Sincerely

Lea Singh
Account Manager

Vytra HEALTH PLANS

MAR 11 2003

February 6, 2003

Mr. Justin Orlando
Vice President
Benefits and Human Resources
KeySpan Corporation
One MetroTech Center
Brooklyn, NY 11201-3851

Re: Vytra Health Plans
2002 and 2003 Renewal Rates

Dear Justin,

Below please find the rates for January 1, 2002 through December 31, 2002 and January 1, 2003 through December 31, 2003. Please note, the premiums included for the Point of Service Self-funded plan are COBRA rates. As you know, the charges for the Point of Service are Administration Fees per subscriber per month.

Point of Service Plan
ASO Fees:

2002	2003	
$20.30	$20.80	Pre 3/1/92 Retirees Union and Management
$27.68	$28.23	Pre 1/1/99 Retirees Union and Management
$30.32	$30.93	Post 1/1/99 and Post 1/1/00 Retirees Union and Management

COBRA Rates:

2002	2003	
N/A *	$224.86	Single: Pre 3/1/92 Retirees Union and Mgmt.
N/A	$584.64	Family: Pre 3/1/92 Retirees Union and Mgmt.
$352.72	$352.72	Single: Pre 1/1/99 Retirees Union
$917.07	$917.07	Family: Pre 1/1/99 Retirees Union
N/A *	$166.09	Single: Pre 1/1/99 Retirees Management
	$431.83	Family: Pre 1/1/99 Retirees Management
N/A *	$571.76	Single: Post 1/1/99 and Post 1/1/00 Retirees Union/Mgmt.
N/A	$1486.58	Family: Post 1/1/99 and Post 1/1/00 Retirees Union/Mgmt.

*Rates were not requested in 2002 for these groups and therefore are not available.

395 North Service Road • Melville, NY 11747 • Phone: (631) 694-4000 • Fax: (631) 694-5780 • www.vytra.com

HMO Rates:

Union Active:

2002	2003	
$207.26	$227.00	Single
$545.26	$597.23	Family

Union Retired:

2002	2003	
$207.26	$303.99	Single
$545.26	$799.78	Family

Management Active:

2002	2003	
$201.60	$244.83	Single
$530.43	$591.56	Family

Management Retirees:

2002	2003	
$201.60	$229.13	Single
$530.43	$602.95	Family

If you should have any questions, please feel free to contact me at 631-577-5224.

Sincerely,

Nora Lee Cannon
Account Executive

cc: D. Nobile