

BENEFITS PREMIUM CHART - FROM 1/1/2015 TO 12/31/2015											
PLANS		TIER	EMPLOYEE/ 26 PAY	STATE/ 26 PAY	TOTAL/ 26 PAY	EMPLOYEE/ MONTH	STATE/ MONTH	TOTAL/ MONTH	STATE HSA/ 26 PAY*	2% COBRA FEE	COBRA/ MONTH
MEDICAL PLANS											
CIGNA EPO	SINGLE	01	18.46	253.85	272.31	40.00	550.00	590.00		11.80	601.80
CIGNA EPO	EMP+A	02	54.92	522.92	577.84	119.00	1133.00	1252.00		25.04	1277.04
CIGNA EPO	EMP+C	03	46.62	497.54	544.16	101.00	1078.00	1179.00		23.58	1202.58
CIGNA EPO	FAMILY	04	102.00	648.46	750.46	221.00	1405.00	1626.00		32.52	1658.52
UNITEDHEALTHCARE EPO	SINGLE	01	18.46	253.85	272.31	40.00	550.00	590.00		11.80	601.80
UNITEDHEALTHCARE EPO	EMP+A	02	54.92	522.92	577.84	119.00	1133.00	1252.00		25.04	1277.04
UNITEDHEALTHCARE EPO	EMP+C	03	46.62	497.54	544.16	101.00	1078.00	1179.00		23.58	1202.58
UNITEDHEALTHCARE EPO	FAMILY	04	102.00	648.46	750.46	221.00	1405.00	1626.00		32.52	1658.52
<i>UNITEDHEALTHCARE PPO</i>	SINGLE	01	71.54	342.00	413.54	155.00	741.00	896.00		17.92	913.92
<i>UNITEDHEALTHCARE PPO</i>	EMP+A	02	161.54	695.08	856.62	350.00	1506.00	1856.00		37.12	1893.12
<i>UNITEDHEALTHCARE PPO</i>	EMP+C	03	152.77	667.85	820.62	331.00	1447.00	1778.00		35.56	1813.56
<i>UNITEDHEALTHCARE PPO</i>	FAMILY	04	224.31	890.31	1114.62	486.00	1929.00	2415.00		48.30	2463.30
Blue Cross Blue Shield EPO	SINGLE	01	18.46	253.85	272.31	40.00	550.00	590.00		11.80	601.80
Blue Cross Blue Shield EPO	EMP+A	02	54.92	522.92	577.84	119.00	1133.00	1252.00		25.04	1277.04
Blue Cross Blue Shield EPO	EMP+C	03	46.62	497.54	544.16	101.00	1078.00	1179.00		23.58	1202.58
Blue Cross Blue Shield EPO	FAMILY	04	102.00	648.46	750.46	221.00	1405.00	1626.00		32.52	1658.52
<i>Blue Cross Blue Shield PPO</i>	SINGLE	01	71.54	342.00	413.54	155.00	741.00	896.00		17.92	913.92
<i>Blue Cross Blue Shield PPO</i>	EMP+A	02	161.54	695.08	856.62	350.00	1506.00	1856.00		37.12	1893.12
<i>Blue Cross Blue Shield PPO</i>	EMP+C	03	152.77	667.85	820.62	331.00	1447.00	1778.00		35.56	1813.56
<i>Blue Cross Blue Shield PPO</i>	FAMILY	04	224.31	890.31	1114.62	486.00	1929.00	2415.00		48.30	2463.30
AETNA EPO	SINGLE	01	18.46	253.85	272.31	40.00	550.00	590.00		11.80	601.80
AETNA EPO	EMP+A	02	54.92	522.92	577.84	119.00	1133.00	1252.00		25.04	1277.04
AETNA EPO	EMP+C	03	46.62	497.54	544.16	101.00	1078.00	1179.00		23.58	1202.58
AETNA EPO	FAMILY	04	102.00	648.46	750.46	221.00	1405.00	1626.00		32.52	1658.52
<i>AETNA PPO</i>	SINGLE	01	71.54	342.00	413.54	155.00	741.00	896.00		17.92	913.92
<i>AETNA PPO</i>	EMP+A	02	161.54	695.08	856.62	350.00	1506.00	1856.00		37.12	1893.12
<i>AETNA PPO</i>	EMP+C	03	152.77	667.85	820.62	331.00	1447.00	1778.00		35.56	1813.56
<i>AETNA PPO</i>	FAMILY	04	224.31	890.31	1114.62	486.00	1929.00	2415.00		48.30	2463.30
AETNA HSO	SINGLE	01	12.00	232.15	244.15	26.00	503.00	529.00	27.70	10.58	539.58
AETNA HSO	EMP+A	02	47.08	466.15	513.23	102.00	1010.00	1112.00	55.39	22.24	1134.24
AETNA HSO	EMP+C	03	37.38	450.92	488.30	81.00	977.00	1058.00	55.39	21.16	1079.16
AETNA HSO	FAMILY	04	89.08	583.85	672.93	193.00	1265.00	1458.00	55.39	29.16	1487.16

*State HSA contribution is separate from the premium and therefore not included in the COBRA calculations.

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PLANS		TIER	EMPLOYEE/ 26 PAY	STATE/ 26 PAY	TOTAL/ 26 PAY	EMPLOYEE/ MONTH	STATE/ MONTH	TOTAL/ MONTH	STATE HSA/ MONTH*	2% COBRA FEE	COBRA/ MONTH
DENTAL PLANS											
DELTA DENTAL PPO PLUS PREMIER	SINGLE	01	14.30	2.29	16.59	30.98	4.96	35.94		0.72	36.66
DELTA DENTAL PPO PLUS PREMIER	EMP+A	02	30.33	4.58	34.91	65.71	9.92	75.63		1.51	77.14
DELTA DENTAL PPO PLUS PREMIER	EMP+C	03	23.34	4.58	27.92	50.56	9.92	60.48		1.21	61.69
DELTA DENTAL PPO PLUS PREMIER	FAMILY	04	48.26	6.32	54.58	104.56	13.70	118.26		2.37	120.63
TOTAL DENTAL ADMINISTRATORS PREPAID	SINGLE	01	1.86	2.29	4.15	4.03	4.96	8.99		0.18	9.17
TOTAL DENTAL ADMINISTRATORS PREPAID	EMP+A	02	3.72	4.58	8.30	8.06	9.92	17.98		0.36	18.34
TOTAL DENTAL ADMINISTRATORS PREPAID	EMP+C	03	3.50	4.58	8.08	7.59	9.92	17.51		0.35	17.86
TOTAL DENTAL ADMINISTRATORS PREPAID	FAMILY	04	6.12	6.32	12.44	13.27	13.70	26.97		0.54	27.51
VISION PLAN (Fully Insured)											
AVESIS VISION CARE	SINGLE	01	1.84	N/A	1.84	3.99	N/A	3.99		0.08	4.07
AVESIS VISION CARE	EMP+A	02	5.97	N/A	5.97	12.94	N/A	12.94		0.26	13.20
AVESIS VISION CARE	EMP+C	03	5.89	N/A	5.89	12.76	N/A	12.76		0.26	13.02
AVESIS VISION CARE	FAMILY	04	7.43	N/A	7.43	16.10	N/A	16.10		0.32	16.43
LIFE PLANS - THE HARTFORD											
BASIC- \$15,000		BL		0.69			1.50				
DEPENDENT- \$2,000		02	0.43			0.94					
DEPENDENT- \$4,000		04	0.87			1.88					
DEPENDENT- \$6,000		06	1.30			2.82					
DEPENDENT-\$10,000		10	2.17			4.70					
DEPENDENT-\$12,000		12	2.60			5.64					
DEPENDENT-\$15,000		15	3.25			7.05					
DEPENDENT-\$50,000		50	10.85			23.50					
THE HARTFORD - SUPPLEMENTAL PER \$5,000 COVERAGE		<30	0.18			0.40					
		30-34	0.23			0.50					
		35-39	0.25			0.55					
		40-44	0.44			0.95					
		45-49	0.60			1.30					
		50-54	0.97			2.10					
		55-59	1.38			3.00					
		60-64	2.49			5.40					
		65-69	2.49			5.40					
		70+	3.95			8.55					
LONG TERM DISABILITY PLAN THE HARTFORD											\$0.27 / \$100 of earned wages
SHORT TERM DISABILITY PLAN THE HARTFORD											\$0.65/ \$100 of earned wages

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