

BENEFITS PREMIUM CHART - Effective 1/1/2017 TO 12/31/2017											
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
<b>MEDICAL PLANS</b>											
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	521.54	576.46	119.00	1130.00	1249.00		24.98	1273.98
AETNA EPO	EMP+C	03	46.62	338.77	385.39	101.00	734.00	835.00		16.70	851.70
AETNA EPO	FAMILY	04	102.00	571.38	673.38	221.00	1238.00	1459.00		29.18	1488.18
AETNA PPO	SINGLE	01	47.08	258.00	305.08	102.00	559.00	661.00		13.22	674.22
AETNA PPO	EMP+A	02	99.23	545.54	644.77	215.00	1182.00	1397.00		27.94	1424.94
AETNA PPO	EMP+C	03	66.46	365.08	431.54	144.00	791.00	935.00		18.70	953.70
AETNA PPO	FAMILY	04	115.85	636.46	752.31	251.00	1379.00	1630.00		32.60	1662.60
AETNA HSO	SINGLE	01	9.23	171.69	180.92	20.00	372.00	392.00	27.69	7.84	399.84
AETNA HSO	EMP+A	02	27.69	355.85	383.54	60.00	771.00	831.00	55.38	16.62	847.62
AETNA HSO	EMP+C	03	23.54	232.62	256.16	51.00	504.00	555.00	55.38	11.10	566.10
AETNA HSO	FAMILY	04	51.23	396.46	447.69	111.00	859.00	970.00	55.38	19.40	989.40
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	521.54	576.46	119.00	1130.00	1249.00		24.98	1273.98
Blue Cross Blue Shield EPO	EMP+C	03	46.62	338.77	385.39	101.00	734.00	835.00		16.70	851.70
Blue Cross Blue Shield EPO	FAMILY	04	102.00	571.38	673.38	221.00	1238.00	1459.00		29.18	1488.18
Blue Cross Blue Shield PPO	SINGLE	01	47.08	258.00	305.08	102.00	559.00	661.00		13.22	674.22
Blue Cross Blue Shield PPO	EMP+A	02	99.23	545.54	644.77	215.00	1182.00	1397.00		27.94	1424.94
Blue Cross Blue Shield PPO	EMP+C	03	66.46	365.08	431.54	144.00	791.00	935.00		18.70	953.70
Blue Cross Blue Shield PPO	FAMILY	04	115.85	636.46	752.31	251.00	1379.00	1630.00		32.60	1662.60
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	521.54	576.46	119.00	1130.00	1249.00		24.98	1273.98
CIGNA EPO	EMP+C	03	46.62	338.77	385.39	101.00	734.00	835.00		16.70	851.70
CIGNA EPO	FAMILY	04	102.00	571.38	673.38	221.00	1238.00	1459.00		29.18	1488.18
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	521.54	576.46	119.00	1130.00	1249.00		24.98	1273.98
UNITEDHEALTHCARE EPO	EMP+C	03	46.62	338.77	385.39	101.00	734.00	835.00		16.70	851.70
UNITEDHEALTHCARE EPO	FAMILY	04	102.00	571.38	673.38	221.00	1238.00	1459.00		29.18	1488.18
UNITEDHEALTHCARE PPO	SINGLE	01	47.08	258.00	305.08	102.00	559.00	661.00		13.22	674.22
UNITEDHEALTHCARE PPO	EMP+A	02	99.23	545.54	644.77	215.00	1182.00	1397.00		27.94	1424.94
UNITEDHEALTHCARE PPO	EMP+C	03	66.46	365.08	431.54	144.00	791.00	935.00		18.70	953.70
UNITEDHEALTHCARE PPO	FAMILY	04	115.85	636.46	752.31	251.00	1379.00	1630.00		32.60	1662.60

\*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
<b>DENTAL PLANS</b>											
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
<b>VISION PLAN (Fully Insured)</b>											
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	16.42
<b>LIFE PLANS - THE HARTFORD</b>											
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						\$0.39/ \$100 of earned wages					

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