

BENEFITS PREMIUM CHART - Effective 7/1/2018 TO 12/31/2018 ¹											
PLANS	TIER	EMPLOYEE/ 26 PAY	STATE/ 26 PAY	TOTAL/ 26 PAY	EMPLOYEE/ MONTH	STATE/ MONTH	TOTAL/ MONTH	STATE HSA/ 26 PAY ²	2% COBRA FEE	COBRA/ MONTH	
MEDICAL PLANS											
AETNA EPO	SINGLE	01	20.31	267.56	287.87	44.00	579.72	623.72	13.27	676.69	
AETNA EPO	EMP+A	02	60.42	549.72	610.14	130.90	1191.05	1321.95	28.07	1431.64	
AETNA EPO	EMP+C	03	51.28	357.07	408.35	111.10	773.66	884.76	18.76	956.52	
AETNA EPO	FAMILY	04	112.20	602.26	714.46	243.10	1304.89	1547.99	32.75	1670.18	
AETNA PPO	SINGLE	01	51.78	271.94	323.72	112.20	589.20	701.40	14.84	756.62	
AETNA PPO	EMP+A	02	109.15	575.01	684.16	236.50	1245.86	1482.36	31.36	1599.11	
AETNA PPO	EMP+C	03	73.11	384.80	457.91	158.40	833.74	992.14	20.98	1070.22	
AETNA PPO	FAMILY	04	127.43	670.85	798.28	276.10	1453.51	1729.61	36.58	1865.77	
AETNA HDHP	SINGLE	01	10.15	180.97	191.12	22.00	392.10	414.10	27.69	449.82	
AETNA HDHP	EMP+A	02	30.46	375.07	405.53	66.00	812.66	878.66	55.38	953.02	
AETNA HDHP	EMP+C	03	25.89	245.18	271.07	56.10	531.23	587.33	55.38	636.24	
AETNA HDHP	FAMILY	04	56.35	417.88	474.23	122.10	905.41	1027.51	55.38	1111.31	
Blue Cross Blue Shield EPO	SINGLE	01	20.31	267.56	287.87	44.00	579.72	623.72	13.27	676.69	
Blue Cross Blue Shield EPO	EMP+A	02	60.42	549.72	610.14	130.90	1191.05	1321.95	28.07	1431.64	
Blue Cross Blue Shield EPO	EMP+C	03	51.28	357.07	408.35	111.10	773.66	884.76	18.76	956.52	
Blue Cross Blue Shield EPO	FAMILY	04	112.20	602.26	714.46	243.10	1304.89	1547.99	32.75	1670.18	
Blue Cross Blue Shield PPO	SINGLE	01	51.78	271.94	323.72	112.20	589.20	701.40	14.84	756.62	
Blue Cross Blue Shield PPO	EMP+A	02	109.15	575.01	684.16	236.50	1245.86	1482.36	31.36	1599.11	
Blue Cross Blue Shield PPO	EMP+C	03	73.11	384.80	457.91	158.40	833.74	992.14	20.98	1070.22	
Blue Cross Blue Shield PPO	FAMILY	04	127.43	670.85	798.28	276.10	1453.51	1729.61	36.58	1865.77	
CIGNA EPO	SINGLE	01	20.31	267.56	287.87	44.00	579.72	623.72	13.27	676.69	
CIGNA EPO	EMP+A	02	60.42	549.72	610.14	130.90	1191.05	1321.95	28.07	1431.64	
CIGNA EPO	EMP+C	03	51.28	357.07	408.35	111.10	773.66	884.76	18.76	956.52	
CIGNA EPO	FAMILY	04	112.20	602.26	714.46	243.10	1304.89	1547.99	32.75	1670.18	
UNITEDHEALTHCARE EPO	SINGLE	01	20.31	267.56	287.87	44.00	579.72	623.72	13.27	676.69	
UNITEDHEALTHCARE EPO	EMP+A	02	60.42	549.72	610.14	130.90	1191.05	1321.95	28.07	1431.64	
UNITEDHEALTHCARE EPO	EMP+C	03	51.28	357.07	408.35	111.10	773.66	884.76	18.76	956.52	
UNITEDHEALTHCARE EPO	FAMILY	04	112.20	602.26	714.46	243.10	1304.89	1547.99	32.75	1670.18	
UNITEDHEALTHCARE PPO	SINGLE	01	51.78	271.94	323.72	112.20	589.20	701.40	14.84	756.62	
UNITEDHEALTHCARE PPO	EMP+A	02	109.15	575.01	684.16	236.50	1245.86	1482.36	31.36	1599.11	
UNITEDHEALTHCARE PPO	EMP+C	03	73.11	384.80	457.91	158.40	833.74	992.14	20.98	1070.22	
UNITEDHEALTHCARE PPO	FAMILY	04	127.43	670.85	798.28	276.10	1453.51	1729.61	36.58	1865.77	

¹FY 2018 employer health insurance rate increase per SB 1522. Expired 6/30/2018. FY 2019 employer health insurance rate increase per SB1520. Expired 6/30/2019.

²State HSA contribution is separate from the premium and therefore not included in the COBRA calculations.

BENEFITS PREMIUM CHART - Effective 1/1/2018 TO 12/31/2018 ¹											
PLANS	TIER	EMPLOYEE/ 26 PAY	STATE/ 26 PAY	TOTAL/ 26 PAY	EMPLOYEE/ MONTH	STATE/ MONTH	TOTAL/ MONTH	STATE HSA/ 26 PAY ²	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	
CIGNA DENTAL PREPAID	SINGLE	01	1.64	2.29	3.93	3.56	4.96	8.52	0.17	8.69	
CIGNA DENTAL PREPAID	EMP+A	02	3.29	4.58	7.87	7.12	9.92	17.04	0.34	17.38	
CIGNA DENTAL PREPAID	EMP+C	03	3.08	4.58	7.66	6.67	9.92	16.59	0.33	16.92	
CIGNA DENTAL PREPAID	FAMILY	04	5.46	6.32	11.78	11.84	13.70	25.54	0.51	26.05	
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	16.42	
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		0.16			0.25					
	30-34		0.18			0.40					
	35-39		0.21			0.45					
	40-44		0.35			0.75					
	45-49		0.46			1.00					
	50-54		0.74			1.60					
	55-59		1.06			2.30					
	60-64		1.89			4.10					
	65-69		1.89			4.10					
	70+		2.98			6.45					
LONG TERM DISABILITY PLAN											
THE HARTFORD - Per \$100 of earned wages						0.27					
SHORT TERM DISABILITY PLAN											
THE HARTFORD - Per \$100 of earned wages						0.39					

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