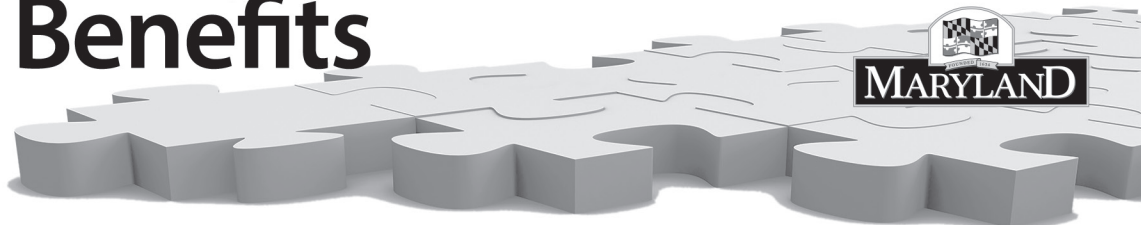


Health Benefits

Putting the pieces together to improve your health



EMPLOYEE AND RETIREE RATE SHEETS EFFECTIVE 01/01/2017 THRU 12/31/2017

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES

Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$101.99	\$183.59	\$254.99
CAREFIRST BLUECROSS BLUESHIELD EPO	\$68.08	\$142.86	\$176.99
KAISER	\$60.49	\$126.95	\$157.27
UNITEDHEALTHCARE PPO	\$100.33	\$180.60	\$250.85
UNITEDHEALTHCARE EPO	\$68.49	\$142.43	\$169.83

MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES

Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$51.00	\$91.79	\$127.50
CAREFIRST BLUECROSS BLUESHIELD EPO	\$34.04	\$71.43	\$88.49
KAISER	\$30.25	\$63.47	\$78.64
UNITEDHEALTHCARE PPO	\$50.17	\$90.30	\$125.42
UNITEDHEALTHCARE EPO	\$34.24	\$71.21	\$84.91

PRESCRIPTION DRUG - MONTHLY PREMIUM RATES

EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$50.08	\$66.56	\$83.12	\$100.16

PRESCRIPTION DRUG - BI-WEEKLY PREMIUM RATES

EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$25.04	\$33.28	\$41.56	\$50.08

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES

Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$6.44	\$11.22	\$12.89	\$18.11
UNITED CONCORDIA DPPO	\$11.64	\$22.24	\$23.27	\$43.60

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES

Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$3.22	\$5.61	\$6.45	\$9.05
UNITED CONCORDIA DPPO	\$5.82	\$11.12	\$11.64	\$21.80

MEDICAL - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

Plan Name	Retiree Only	Retiree & Child or Retiree & Spouse	Retiree & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$101.99	\$183.59	\$254.99
CAREFIRST BLUECROSS BLUESHIELD EPO	\$68.08	\$142.86	\$176.99
KAISER	\$60.49	\$126.95	\$157.27
UNITEDHEALTHCARE PPO	\$100.33	\$180.60	\$250.85
UNITEDHEALTHCARE EPO	\$68.49	\$142.43	\$169.83

MEDICAL - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES

Plan Name	Retiree Only With Medicare	Retiree + 1, 1 With Medicare	Retiree + 1, Both With Medicare	Retiree + 2, 1 With Medicare	Retiree + 2, 2 With Medicare	Retiree + 2 or More, All With Medicare	Retiree + 3 or More, at Least 1 Without Medicare
CAREFIRST BLUECROSS BLUESHIELD PPO	\$51.00	\$152.98	\$101.99	\$234.57	\$203.98	\$152.98	\$254.99
CAREFIRST BLUECROSS BLUESHIELD EPO	\$33.56	\$101.08	\$73.74	\$168.61	\$107.54	\$92.24	\$176.99
UNITEDHEALTHCARE PPO	\$50.17	\$150.49	\$100.33	\$230.76	\$200.66	\$150.49	\$250.85
UNITEDHEALTHCARE EPO	\$45.23	\$113.70	\$90.45	\$169.83	\$155.27	\$135.67	\$169.83

PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

EXPRESS SCRIPTS	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
	\$61.83	\$82.18	\$102.62	\$123.67

PRESCRIPTION DRUG - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES

EXPRESS SCRIPTS	Retiree Only with Medicare	Retiree + 1, Retiree with Medicare	Retiree + 1, Dependent with Medicare	Retiree + 1, both with Medicare	Retiree + 2, Retiree with Medicare	Retiree + 2, Dependent with Medicare	Retiree + 2, 2 with Medicare	Retiree + 2 or more, all with Medicare	Retiree + 3 or more, Retiree with Medicare	Retiree + 3 or more, 1, 2, or 3 with Medicare
	\$44.49	\$78.20	\$81.40	\$73.75	\$106.32	\$106.32	\$90.71	\$88.98	\$106.32*	\$106.32**

*FAMILY COVERAGE RETIREE W/MEDICARE AND/OR OTHER DEPENDENTS W/MEDICARE

**FAMILY COVERAGE RETIREE NO MEDICARE AND 1 OR MORE DEPENDENTS W/MEDICARE

DENTAL - RETIREE MONTHLY PREMIUM RATES

Plan Name	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
DELTA DENTAL DHMO	\$6.44	\$11.22	\$12.89	\$18.11
UNITED CONCORDIA DPPO	\$11.64	\$22.24	\$23.27	\$43.60

TERM LIFE INSURANCE PREMIUM RATES

Age of Employee/Retiree	Bi-Weekly Employee/Retiree Rates (per \$1,000)	Monthly Employee/Retiree Rates (per \$1,000)	Age of Spouse	Bi-Weekly Spouse Rates (per \$1,000)	Monthly Spouse Rates (per \$1,000)
Under 30	\$0.017	\$0.034	Under 30	\$0.051	\$0.102
30 to 34	\$0.021	\$0.041	30 to 34	\$0.055	\$0.110
35 to 39	\$0.027	\$0.054	35 to 39	\$0.069	\$0.138
40 to 44	\$0.043	\$0.085	40 to 44	\$0.101	\$0.202
45 to 49	\$0.069	\$0.137	45 to 49	\$0.156	\$0.312
50 to 54	\$0.108	\$0.216	50 to 54	\$0.232	\$0.464
55 to 59	\$0.196	\$0.392	55 to 59	\$0.361	\$0.722
60 to 64	\$0.277	\$0.553	60 to 64	\$0.553	\$1.106
65 to 69	\$0.413	\$0.826	65 to 69	\$0.804	\$1.608
70 to 74	\$0.740	\$1.480	70 to 74	\$1.264	\$2.528
75 to 79	\$1.030	\$2.060	75 to 79	\$1.264	\$2.528
80 and older	\$1.030	\$2.060	80 and older	\$1.264	\$2.528

Dependent Child Coverage is \$0.156 per \$1,000 per month; \$0.078 per \$1,000 per bi-weekly pay period.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES

Plan Coverage Level	Employee Only Bi-Weekly Rates	Employee + Family Bi-Weekly Rates	Employee Only Monthly Rates	Employee + Family Monthly Rates
\$100,000	\$0.75	\$1.40	\$1.50	\$2.80
\$200,000	\$1.50	\$2.80	\$3.00	\$5.60
\$300,000	\$2.25	\$4.20	\$4.50	\$8.40

