

Medical/RX

| Core Plan - PPO \$1500 | | | | |
|------------------------|-------------------------------------|----------------------------|-------------------------------------|----------------------------|
| | Tobacco-Free & Wellness Participant | Tobacco-Free (No Wellness) | Tobacco User & Wellness Participant | Tobacco User (No Wellness) |
| Single | \$45.50 | \$59.75 | \$67.25 | \$81.00 |
| Family | \$130.00 | \$160.00 | \$175.00 | \$200.00 |

| Max Coverage Plan - PPO \$500 | | | | |
|-------------------------------|-------------------------------------|----------------------------|-------------------------------------|----------------------------|
| | Tobacco-Free & Wellness Participant | Tobacco-Free (No Wellness) | Tobacco User & Wellness Participant | Tobacco User (No Wellness) |
| Single | \$78.25 | \$92.50 | \$100.00 | \$113.75 |
| Family | \$195.00 | \$225.00 | \$240.00 | \$265.00 |

| No Contribution HSA Plan - \$5000 | | | | |
|-----------------------------------|-------------------------------------|----------------------------|-------------------------------------|----------------------------|
| | Tobacco-Free & Wellness Participant | Tobacco-Free (No Wellness) | Tobacco User & Wellness Participant | Tobacco User (No Wellness) |
| Single | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Family | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

| Low Contribution HSA Plan - \$2000 | | | | |
|------------------------------------|-------------------------------------|----------------------------|-------------------------------------|----------------------------|
| | Tobacco-Free & Wellness Participant | Tobacco-Free (No Wellness) | Tobacco User & Wellness Participant | Tobacco User (No Wellness) |
| Single | \$48.50 | \$62.75 | \$70.25 | \$84.00 |
| Family | \$125.00 | \$155.00 | \$170.00 | \$195.00 |

Dental

| Voluntary Dental – Basic Option | |
|---------------------------------|---------|
| Single | \$11.88 |
| + Spouse | \$23.11 |
| + Child(ren) | \$24.21 |
| Family | \$36.01 |

| Voluntary Dental – Enhanced Option | |
|------------------------------------|---------|
| Single | \$17.63 |
| + Spouse | \$32.90 |
| + Child(ren) | \$38.35 |
| Family | \$53.47 |

Vision

| Voluntary Vision | |
|------------------|--------|
| Single | \$2.29 |
| + Spouse | \$4.35 |
| + Child(ren) | \$5.10 |
| Family | \$7.17 |