

| <b>2019 BIWEEKLY BENEFIT ALLOWANCES</b> | Employee | Employee & Spouse | Employee, Spouse & Child | Employee, Spouse & Children | Employee & Child | Employee & Children |
|---|----------|-------------------|--------------------------|-----------------------------|------------------|---------------------|
|   | 320.49   | 656.38            | 771.33                   | 838.98                      | 435.45           | 508.94              |

## 2019 BIWEEKLY PLAN RATES

| <b>HEALTH</b>                                   | Employee                                 | Employee & Spouse            | Employee, Spouse & Child | Employee, Spouse & Children | Employee & Child | Employee & Children |      |
|---|--|------------------------------|--------------------------|-----------------------------|------------------|---------------------|------|
| Aetna HMO                                       | 448.95                                   | 1,185.07                     | 1,485.87                 | 1,666.33                    | 749.75           | 930.21              |      |
| BlueLincs HMO                                   | 275.00                                   | 680.95                       | 829.53                   | 923.57                      | 423.58           | 517.62              |      |
| CommunityCare HMO                               | 447.16                                   | 1,098.50                     | 1,326.24                 | 1,462.89                    | 674.90           | 811.55              |      |
| GlobalHealth HMO                                | 311.59                                   | 771.53                       | 949.47                   | 1,062.11                    | 489.53           | 602.17              |      |
| HealthChoice High and High Alternative          | 297.45                                   | 646.20                       | 795.82                   | 900.10                      | 447.07           | 551.35              |      |
| HealthChoice Basic and Basic Alternative        | 233.21                                   | 506.90                       | 627.17                   | 710.34                      | 353.48           | 436.65              |      |
| HealthChoice High Deductible Health Plan (HDHP) | 200.89                                   | 436.80                       | 540.56                   | 611.98                      | 304.65           | 376.07              |      |
| TRICARE Supplement                              | 30.25                                    | 59.75                        | 80.25                    | 80.25                       | 59.75            | 80.25               |      |
| <b>DENTAL</b>                                   | Employee                                 | Employee & Spouse            | Employee, Spouse & Child | Employee, Spouse & Children | Employee & Child | Employee & Children |      |
| CIGNA Dental Care Plan (Prepaid)                | 4.72                                     | 7.81                         | 9.91                     | 12.54                       | 6.82             | 9.45                |      |
| Delta Dental PPO                                | 17.92                                    | 35.83                        | 51.42                    | 75.26                       | 33.51            | 57.35               |      |
| Delta Dental PPO – Choice                       | 7.84                                     | 25.62                        | 43.53                    | 69.10                       | 25.75            | 51.32               |      |
| HealthChoice Dental                             | 19.56                                    | 39.12                        | 54.91                    | 79.67                       | 35.35            | 60.11               |      |
| MetLife High Classic MAC                        | 23.12                                    | 46.24                        | 66.05                    | 95.32                       | 42.93            | 72.20               |      |
| MetLife Low Classic MAC                         | 13.32                                    | 26.64                        | 38.05                    | 54.72                       | 24.73            | 41.40               |      |
| Sun Life Preferred Active PPO                   | 15.13                                    | 30.18                        | 41.47                    | 60.52                       | 26.42            | 45.47               |      |
| <b>VISION</b>                                   | Employee                                 | Employee & Spouse            | Employee, Spouse & Child | Employee, Spouse & Children | Employee & Child | Employee & Children |      |
| Primary Vision Care Services (PVCS)             | 4.99                                     | 9.44                         | 13.79                    | 15.19                       | 9.34             | 10.74               |      |
| Superior Vision                                 | 3.81                                     | 7.60                         | 11.19                    | 14.97                       | 7.40             | 11.18               |      |
| Vision Care Direct                              | 7.95                                     | 13.58                        | 19.21                    | 24.95                       | 13.58            | 19.32               |      |
| VSP (Vision Service Plan)                       | 4.36                                     | 7.25                         | 10.10                    | 13.49                       | 7.21             | 10.60               |      |
| <b>DISABILITY</b>                               | 4.55                                     |                              |                          |                             |                  |                     |      |
| <b>LIFE INSURANCE OPTIONS</b>                   |  |                              |                          |                             |                  |                     |      |
| Life  | 2.00                                     | Supplemental Life First Unit |                          | \$2.00                      |                  |                     |      |
| Dependent Life                                  | Supplemental Life Age Rated (Per 20,000) |                              |                          |                             |                  |                     |      |
| Low Option                                      | 1.30                                     | < 30                         | 0.60                     | 30 - 34                     | 0.60             | 35 - 39             | 0.60 |
| Standard Option                                 | 2.16                                     | 40 - 44                      | 0.80                     | 45 - 49                     | 1.40             | 50 - 54             | 2.60 |
| Premier Option                                  | 4.32                                     | 55 - 59                      | 4.00                     | 60 - 64                     | 4.60             | 65 - 69             | 7.40 |
|   |  | 70 - 74                      | 12.80                    | 75+                         | 19.60            |                     |      |