

BENEFITS PREMIUM CHART - Effective 7/1/2021 TO 12/31/2021											
PLANS		TIER	EMPLOYEE 26 PAY	STATE 26 PAY	TOTAL 26 PAY	EMPLOYEE MONTH	STATE MONTH	TOTAL MONTH	STATE HSA 26 PAY ¹	COBRA FEE	COBRA MONTH
MEDICAL PLANS											
Blue Cross Blue Shield TCP	SINGLE	01	26.170	270.530	296.700	56.710	586.150	642.860		32.590	675.450
Blue Cross Blue Shield TCP	EMP+A	02	71.490	557.120	628.610	154.900	1207.100	1362.000		70.600	1432.600
Blue Cross Blue Shield TCP	EMP+C	03	57.300	362.340	419.640	124.160	785.060	909.220		50.220	959.440
Blue Cross Blue Shield TCP	FAMILY	04	121.610	630.830	752.440	263.490	1366.790	1630.280		49.680	1679.960
Blue Cross Blue Shield HDHP	SINGLE	01	10.150	182.680	192.830	22.000	395.800	417.800	27.690	4.580	422.380
Blue Cross Blue Shield HDHP	EMP+A	02	30.460	378.620	409.080	66.000	820.350	886.350	55.380	9.880	896.230
Blue Cross Blue Shield HDHP	EMP+C	03	25.890	247.500	273.390	56.100	536.240	592.340	55.380	6.740	599.080
Blue Cross Blue Shield HDHP	FAMILY	04	56.350	421.830	478.180	122.100	913.970	1036.070	55.380	11.990	1048.060
UNITEDHEALTHCARE TCP	SINGLE	01	26.170	270.530	296.700	56.710	586.150	642.860		32.590	675.450
UNITEDHEALTHCARE TCP	EMP+A	02	71.490	557.120	628.610	154.900	1207.100	1362.000		70.600	1432.600
UNITEDHEALTHCARE TCP	EMP+C	03	57.300	362.340	419.640	124.160	785.060	909.220		50.220	959.440
UNITEDHEALTHCARE TCP	FAMILY	04	121.610	630.830	752.440	263.490	1366.790	1630.280		49.680	1679.960
UNITEDHEALTHCARE HDHP	SINGLE	01	10.150	182.680	192.830	22.000	395.800	417.800	27.690	4.580	422.380
UNITEDHEALTHCARE HDHP	EMP+A	02	30.460	378.620	409.080	66.000	820.350	886.350	55.380	9.880	896.230
UNITEDHEALTHCARE HDHP	EMP+C	03	25.890	247.500	273.390	56.100	536.240	592.340	55.380	6.740	599.080
UNITEDHEALTHCARE HDHP	FAMILY	04	56.350	421.830	478.180	122.100	913.970	1036.070	55.380	11.990	1048.060

¹State HSA contribution is separate from the premium and therefore not included in the COBRA calculations.

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DENTAL PLANS											
DELTA DENTAL PPO PLUS PREMIER	SINGLE	01	14.300	2.290	16.590	30.980	4.960	35.940		0.720	36.660
DELTA DENTAL PPO PLUS PREMIER	EMP+A	02	30.330	4.580	34.910	65.710	9.920	75.630		1.510	77.140
DELTA DENTAL PPO PLUS PREMIER	EMP+C	03	23.340	4.580	27.920	50.560	9.920	60.480		1.210	61.690
DELTA DENTAL PPO PLUS PREMIER	FAMILY	04	48.260	6.320	54.580	104.560	13.700	118.260		2.370	120.630
CIGNA DENTAL PREPAID	SINGLE	01	1.640	2.290	3.930	3.560	4.960	8.520		0.170	8.690
CIGNA DENTAL PREPAID	EMP+A	02	3.290	4.580	7.870	7.120	9.920	17.040		0.340	17.380
CIGNA DENTAL PREPAID	EMP+C	03	3.080	4.580	7.660	6.670	9.920	16.590		0.330	16.920
CIGNA DENTAL PREPAID	FAMILY	04	5.460	6.320	11.780	11.840	13.700	25.540		0.510	26.050
VISION PLAN (Fully Insured)											
AVESIS VISION CARE	SINGLE	01	1.720	N/A	1.720	3.720	N/A	3.720		0.070	3.790
AVESIS VISION CARE	EMP+A	02	5.700	N/A	5.700	12.360	N/A	12.360		0.250	12.610
AVESIS VISION CARE	EMP+C	03	5.650	N/A	5.650	12.240	N/A	12.240		0.240	12.480
AVESIS VISION CARE	FAMILY	04	7.110	N/A	7.110	15.400	N/A	15.400		0.310	15.710
LIFE PLANS - Securian Financial											
BASIC- \$15,000		BL		0.277			0.600				
DEPENDENT- \$2,000		02	0.434			0.940					
DEPENDENT- \$4,000		04	0.868			1.880					
DEPENDENT- \$6,000		06	1.302			2.820					
DEPENDENT-\$10,000		10	2.169			4.700					
DEPENDENT-\$12,000		12	2.603			5.640					
DEPENDENT-\$15,000		15	3.254			7.050					
DEPENDENT-\$50,000		50	10.846			23.500					
Securian Financial - Supplemental PER \$5,000 Coverage		<30	0.138			0.300					
		30-34	0.157			0.340					
		35-39	0.173			0.375					
		40-44	0.279			0.605					
		45-49	0.365			0.790					
		50-54	0.575			1.245					
		55-59	0.819			1.775					
		60-64	1.445			3.130					
		65-69	1.445			3.130					
		70+	2.264			4.905					
LONG TERM DISABILITY PLAN											
MetLife - Per \$100 of earned wages			0.0905			0.1960					
SHORT TERM DISABILITY PLAN											
MetLife - Per \$100 of earned wages			0.1458			0.3160					

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