

| BENEFITS PREMIUM CHART - Effective 1/1/2020 TO 6/30/2020 ¹ | | | | | | | | | | | |
|---|--------|------|---------------------|------------------|------------------|--------------------|-----------------|-----------------|-----------------------------------|--------------|-----------------|
| PLANS | | TIER | EMPLOYEE/ 26 PAY | STATE/ 26 PAY | TOTAL/ 26 PAY | EMPLOYEE/ MONTH | STATE/ MONTH | TOTAL/ MONTH | STATE HSA/ 26 PAY ² | COBRA FEE | COBRA/ MONTH |
| MEDICAL PLANS | | | | | | | | | | | |
| AETNA EPO | SINGLE | 01 | 20.920 | 268.900 | 289.820 | 45.320 | 582.620 | 627.940 | | 9.600 | 637.540 |
| AETNA EPO | EMP+A | 02 | 62.230 | 552.470 | 614.700 | 134.830 | 1197.010 | 1331.840 | | 20.560 | 1352.400 |
| AETNA EPO | EMP+C | 03 | 52.820 | 358.860 | 411.680 | 114.430 | 777.530 | 891.960 | | 13.890 | 905.850 |
| AETNA EPO | FAMILY | 04 | 115.570 | 605.270 | 720.840 | 250.390 | 1311.410 | 1561.800 | | 24.590 | 1586.390 |
| AETNA PPO | SINGLE | 01 | 53.340 | 273.300 | 326.640 | 115.570 | 592.150 | 707.720 | | 11.140 | 718.860 |
| AETNA PPO | EMP+A | 02 | 112.430 | 577.890 | 690.320 | 243.600 | 1252.090 | 1495.690 | | 23.560 | 1519.250 |
| AETNA PPO | EMP+C | 03 | 75.300 | 386.730 | 462.030 | 163.150 | 837.910 | 1001.060 | | 15.770 | 1016.830 |
| AETNA PPO | FAMILY | 04 | 131.250 | 674.200 | 805.450 | 284.380 | 1460.780 | 1745.160 | | 27.490 | 1772.650 |
| AETNA HDHP | SINGLE | 01 | 10.150 | 181.870 | 192.020 | 22.000 | 394.060 | 416.060 | 27.690 | 6.320 | 422.380 |
| AETNA HDHP | EMP+A | 02 | 30.460 | 376.950 | 407.410 | 66.000 | 816.720 | 882.720 | 55.380 | 13.510 | 896.230 |
| AETNA HDHP | EMP+C | 03 | 25.890 | 246.410 | 272.300 | 56.100 | 533.890 | 589.990 | 55.380 | 9.090 | 599.080 |
| AETNA HDHP | FAMILY | 04 | 56.350 | 419.970 | 476.320 | 122.100 | 909.940 | 1032.040 | 55.380 | 16.020 | 1048.060 |
| Blue Cross Blue Shield EPO | SINGLE | 01 | 20.920 | 268.900 | 289.820 | 45.320 | 582.620 | 627.940 | | 9.600 | 637.540 |
| Blue Cross Blue Shield EPO | EMP+A | 02 | 62.230 | 552.470 | 614.700 | 134.830 | 1197.010 | 1331.840 | | 20.560 | 1352.400 |
| Blue Cross Blue Shield EPO | EMP+C | 03 | 52.820 | 358.860 | 411.680 | 114.430 | 777.530 | 891.960 | | 13.890 | 905.850 |
| Blue Cross Blue Shield EPO | FAMILY | 04 | 115.570 | 605.270 | 720.840 | 250.390 | 1311.410 | 1561.800 | | 24.590 | 1586.390 |
| Blue Cross Blue Shield PPO | SINGLE | 01 | 53.340 | 273.300 | 326.640 | 115.570 | 592.150 | 707.720 | | 11.140 | 718.860 |
| Blue Cross Blue Shield PPO | EMP+A | 02 | 112.430 | 577.890 | 690.320 | 243.600 | 1252.090 | 1495.690 | | 23.560 | 1519.250 |
| Blue Cross Blue Shield PPO | EMP+C | 03 | 75.300 | 386.730 | 462.030 | 163.150 | 837.910 | 1001.060 | | 15.770 | 1016.830 |
| Blue Cross Blue Shield PPO | FAMILY | 04 | 131.250 | 674.200 | 805.450 | 284.380 | 1460.780 | 1745.160 | | 27.490 | 1772.650 |
| CIGNA EPO | SINGLE | 01 | 20.920 | 268.900 | 289.820 | 45.320 | 582.620 | 627.940 | | 9.600 | 637.540 |
| CIGNA EPO | EMP+A | 02 | 62.230 | 552.470 | 614.700 | 134.830 | 1197.010 | 1331.840 | | 20.560 | 1352.400 |
| CIGNA EPO | EMP+C | 03 | 52.820 | 358.860 | 411.680 | 114.430 | 777.530 | 891.960 | | 13.890 | 905.850 |
| CIGNA EPO | FAMILY | 04 | 115.570 | 605.270 | 720.840 | 250.390 | 1311.410 | 1561.800 | | 24.590 | 1586.390 |
| UNITEDHEALTHCARE EPO | SINGLE | 01 | 20.920 | 268.900 | 289.820 | 45.320 | 582.620 | 627.940 | | 9.600 | 637.540 |
| UNITEDHEALTHCARE EPO | EMP+A | 02 | 62.230 | 552.470 | 614.700 | 134.830 | 1197.010 | 1331.840 | | 20.560 | 1352.400 |
| UNITEDHEALTHCARE EPO | EMP+C | 03 | 52.820 | 358.860 | 411.680 | 114.430 | 777.530 | 891.960 | | 13.890 | 905.850 |
| UNITEDHEALTHCARE EPO | FAMILY | 04 | 115.570 | 605.270 | 720.840 | 250.390 | 1311.410 | 1561.800 | | 24.590 | 1586.390 |
| UNITEDHEALTHCARE PPO | SINGLE | 01 | 53.340 | 273.300 | 326.640 | 115.570 | 592.150 | 707.720 | | 11.140 | 718.860 |
| UNITEDHEALTHCARE PPO | EMP+A | 02 | 112.430 | 577.890 | 690.320 | 243.600 | 1252.090 | 1495.690 | | 23.560 | 1519.250 |
| UNITEDHEALTHCARE PPO | EMP+C | 03 | 75.300 | 386.730 | 462.030 | 163.150 | 837.910 | 1001.060 | | 15.770 | 1016.830 |
| UNITEDHEALTHCARE PPO | FAMILY | 04 | 131.250 | 674.200 | 805.450 | 284.380 | 1460.780 | 1745.160 | | 27.490 | 1772.650 |

¹FY 2020 employer health insurance rate increase per HB2747; expires on 6/30/2020.

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

| BENEFITS PREMIUM CHART - Effective 1/1/2020 TO 6/30/2020 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 | 14.300 | 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 | 1.840 | N/A | 1.840 | 3.990 | N/A | 3.990 | | 0.080 | 4.070 |
| AVESIS VISION CARE | EMP+A | 02 | 5.970 | N/A | 5.970 | 12.940 | N/A | 12.940 | | 0.260 | 13.200 |
| AVESIS VISION CARE | EMP+C | 03 | 5.890 | N/A | 5.890 | 12.760 | N/A | 12.760 | | 0.260 | 13.020 |
| AVESIS VISION CARE | FAMILY | 04 | 7.430 | N/A | 7.430 | 16.100 | N/A | 16.100 | | 0.322 | 16.420 |
| 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 | | | 0.089 | | | 0.192 | | | | | |
| SHORT TERM DISABILITY PLAN | | | | | | | | | | | |
| MetLife - Per \$100 of earned wages | | | 0.143 | | | 0.310 | | | | | |

¹FY 2020 employer health insurance rate increase per HB2747; expires on 6/30/2020.

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