

Group Medical Monthly Premiums Effective July 2014 - June 2015 Lay Employees -- Annual Base Salary above \$45,000

PLAN YEAR JULY 2014

MEDICAL/VISION & DENTAL

	Anthem PPO					Anthem EPO					EPO (Kaiser)				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 245.75	25.0%	\$ 737.25	75.0%	\$ 983.00	\$ 192.75	25.0%	\$ 578.25	75.0%	\$ 771.00	\$ 142.75	25.0%	\$ 428.25	75.0%	\$ 571.00
Two Party	\$ 713.30	35.0%	\$ 1,324.70	65.0%	\$ 2,038.00	\$ 523.25	35.0%	\$ 971.75	65.0%	\$ 1,495.00	\$ 388.85	35.0%	\$ 722.15	65.0%	\$ 1,111.00
Family	\$ 1,048.00	40.0%	\$ 1,572.00	60.0%	\$ 2,620.00	\$ 788.80	40.0%	\$ 1,183.20	60.0%	\$ 1,972.00	\$ 608.80	40.0%	\$ 913.20	60.0%	\$ 1,522.00

MEDICAL & VISION

	Anthem PPO					Anthem EPO					EPO (Kaiser)				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 234.25	25.0%	\$ 702.75	75.0%	\$ 937.00	\$ 181.25	25.0%	\$ 543.75	75.0%	\$ 725.00	\$ 131.25	25.0%	\$ 393.75	75.0%	\$ 525.00
Two Party	\$ 682.85	35.0%	\$ 1,268.15	65.0%	\$ 1,951.00	\$ 492.80	35.0%	\$ 915.20	65.0%	\$ 1,408.00	\$ 358.40	35.0%	\$ 665.60	65.0%	\$ 1,024.00
Family	\$ 1,002.00	40.0%	\$ 1,503.00	60.0%	\$ 2,505.00	\$ 742.80	40.0%	\$ 1,114.20	60.0%	\$ 1,857.00	\$ 562.80	40.0%	\$ 844.20	60.0%	\$ 1,407.00

DENTAL

	Optional Benefit				
	Employee	%	Employer	%	Total
Single	\$ 34.50	75.0%	\$ 11.50	25.0%	\$ 46.00
Two Party	\$ 65.25	75.0%	\$ 21.75	25.0%	\$ 87.00
Family	\$ 86.25	75.0%	\$ 28.75	25.0%	\$ 115.00

Single
Two Party
Family

Group Medical Monthly Premiums Effective July 2014 - June 2015

Lay Employees -- Annual Base Salary \$25,000 - \$44,999

PLAN YEAR JULY 2014

MEDICAL/VISION & DENTAL

	Anthem PPO					Anthem EPO					EPO (Kaiser)				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 221.18	22.5%	\$ 761.82	77.5%	\$ 983.00	\$ 173.48	22.5%	\$ 597.52	77.5%	\$ 771.00	\$ 128.48	22.5%	\$ 442.52	77.5%	\$ 571.00
Two Party	\$ 662.35	32.5%	\$ 1,375.65	67.5%	\$ 2,038.00	\$ 485.88	32.5%	\$ 1,009.12	67.5%	\$ 1,495.00	\$ 361.08	32.5%	\$ 749.92	67.5%	\$ 1,111.00
Family	\$ 917.00	35.0%	\$ 1,703.00	65.0%	\$ 2,620.00	\$ 690.20	35.0%	\$ 1,281.80	65.0%	\$ 1,972.00	\$ 532.70	35.0%	\$ 989.30	65.0%	\$ 1,522.00

MEDICAL & VISION

	Anthem PPO					Anthem EPO					EPO (Kaiser)				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 210.83	22.5%	\$ 726.17	77.5%	\$ 937.00	\$ 163.13	22.5%	\$ 561.87	77.5%	\$ 725.00	\$ 118.13	22.5%	\$ 406.87	77.5%	\$ 525.00
Two Party	\$ 634.08	32.5%	\$ 1,316.92	67.5%	\$ 1,951.00	\$ 457.60	32.5%	\$ 950.40	67.5%	\$ 1,408.00	\$ 332.80	32.5%	\$ 691.20	67.5%	\$ 1,024.00
Family	\$ 876.75	35.0%	\$ 1,628.25	65.0%	\$ 2,505.00	\$ 649.95	35.0%	\$ 1,207.05	65.0%	\$ 1,857.00	\$ 492.45	35.0%	\$ 914.55	65.0%	\$ 1,407.00

DENTAL

	Optional Benefit				
	Employee	%	Employer	%	Total
Single	\$ 34.50	75.0%	\$ 11.50	25.0%	\$ 46.00
Two Party	\$ 65.25	75.0%	\$ 21.75	25.0%	\$ 87.00
Family	\$ 86.25	75.0%	\$ 28.75	25.0%	\$ 115.00

Group Medical Monthly Premiums Effective July 2014 - June 2015

Lay Employees -- Annual Base Salary Below \$25,000

PLAN YEAR JULY 2014

MEDICAL/VISION & DENTAL

	Anthem PPO					Anthem EPO					EPO (Kaiser)				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 196.60	20.0%	\$ 786.40	80.0%	\$ 983.00	\$ 154.20	20.0%	\$ 616.80	80.0%	\$ 771.00	\$ 114.20	20.0%	\$ 456.80	80.0%	\$ 571.00
Two Party	\$ 509.50	25.0%	\$ 1,528.50	75.0%	\$ 2,038.00	\$ 373.75	25.0%	\$ 1,121.25	75.0%	\$ 1,495.00	\$ 277.75	25.0%	\$ 833.25	75.0%	\$ 1,111.00
Family	\$ 720.50	27.5%	\$ 1,899.50	72.5%	\$ 2,620.00	\$ 542.30	27.5%	\$ 1,429.70	72.5%	\$ 1,972.00	\$ 418.55	27.5%	\$ 1,103.45	72.5%	\$ 1,522.00

MEDICAL & VISION

	Anthem PPO					Anthem EPO					EPO (Kaiser)				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 187.40	20.0%	\$ 749.60	80.0%	\$ 937.00	\$ 145.00	20.0%	\$ 580.00	80.0%	\$ 725.00	\$ 105.00	20.0%	\$ 420.00	80.0%	\$ 525.00
Two Party	\$ 487.75	25.0%	\$ 1,463.25	75.0%	\$ 1,951.00	\$ 352.00	25.0%	\$ 1,056.00	75.0%	\$ 1,408.00	\$ 256.00	25.0%	\$ 768.00	75.0%	\$ 1,024.00
Family	\$ 688.88	27.5%	\$ 1,816.12	72.5%	\$ 2,505.00	\$ 510.68	27.5%	\$ 1,346.32	72.5%	\$ 1,857.00	\$ 386.93	27.5%	\$ 1,020.07	72.5%	\$ 1,407.00

DENTAL

	Optional Benefit				
	Employee	%	Employer	%	Total
Single	\$ 34.50	75.0%	\$ 11.50	25.0%	\$ 46.00
Two Party	\$ 65.25	75.0%	\$ 21.75	25.0%	\$ 87.00
Family	\$ 86.25	75.0%	\$ 28.75	25.0%	\$ 115.00