

**REMOVED via Negotiations**

5 Enrolled

| PPO 100% Options              | PPO 100 A \$10    | PPO 100 A \$20    | PPO 100 B         | PPO 100 C         | PPO 100 D         | PPO 100 G         |
|-------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Deductible (ind / fam)        | \$0               | \$0               | \$100 / \$300     | \$200 / \$400     | \$300 / \$600     | \$500 / \$1,000   |
| Out of pocket max (ind / fam) | \$1,000 / \$3,000 | \$1,000 / \$3,000 | \$1,000 / \$3,000 | \$1,000 / \$3,000 | \$1,000 / \$3,000 | \$1,000 / \$3,000 |
| Office visit copay            | \$10              | \$20              | \$20              | \$20              | \$20              | \$20              |
| Inpatient hospitalization     | ded, 0%           | ded, 0%           | ded, 0%           | ded, 0%           | ded, 0%           | ded, 0%           |
| Prescription drugs            | \$9 / \$35        | \$9 / \$35        | \$9 / \$35        | \$9 / \$35        | \$9 / \$35        | \$9 / \$35        |
| <b>Medical Only 12thly</b>    | <b>\$2,009</b>    | <b>\$1,937</b>    | <b>\$1,898</b>    | <b>\$1,881</b>    | <b>\$1,845</b>    | <b>\$1,805</b>    |
| 1.00 FTE Pays, includes MDV   | <u>\$409.20</u>   | <u>\$317.60</u>   | <u>\$276.00</u>   | <u>\$255.60</u>   | <u>\$212.40</u>   | <u>\$164.40</u>   |
| 0.75 FTE Pays, includes MDV   | <u>\$947.43</u>   | <u>\$813.83</u>   | <u>\$814.23</u>   | <u>\$793.83</u>   | <u>\$750.63</u>   | <u>\$702.63</u>   |

7 Enrolled

| PPO 90% Options               | PPO 90 A          | PPO 90 D          | PPO 90 C          | PPO 90 E          | PPO 90 G          |
|-------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Deductible (ind / fam)        | \$100 / \$300     | \$200 / \$500     | \$200 / \$500     | \$300 / \$600     | \$500 / \$1,000   |
| Out of pocket max (ind / fam) | \$1,000 / \$3,000 | \$1,000 / \$3,000 | \$1,000 / \$3,000 | \$1,000 / \$3,000 | \$1,000 / \$3,000 |
| Office visit copay            | \$20              | \$10              | \$30              | \$20              | \$20              |
| Inpatient hospitalization     | ded, 10%          | ded, 10%          | ded, 10%          | ded, 10%          | ded, 10%          |
| Prescription drugs            | \$9 / \$35        | \$9 / \$35        | \$9 / \$35        | \$9 / \$35        | \$9 / \$35        |
| <b>12-Month Rate</b>          | <b>\$1,835</b>    | <b>\$1,856</b>    | <b>\$1,786</b>    | <b>\$1,726</b>    | <b>\$1,715</b>    |
| 1.00 FTE Pays, includes MDV   | <u>\$200.40</u>   | <u>\$225.60</u>   | <u>\$141.60</u>   | <u>\$69.60</u>    | <u>\$56.40</u>    |
| 0.75 FTE Pays, includes MDV   | <u>\$738.63</u>   | <u>\$763.83</u>   | <u>\$679.83</u>   | <u>\$607.83</u>   | <u>\$594.63</u>   |

**Previously Negotiated and MAINTAINED**

186 Enrolled

| PPO 80% Options               | PPO 80 C          | PPO 80 E          | PPO 80 G \$20     | PPO 80 G \$30     | PPO 80 J          | PPO 80 K          | PPO 80 L          | PPO 80 M          |
|-------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Deductible (ind / fam)        | \$200 / \$500     | \$300 / \$600     | \$500 / \$1,000   | \$500 / \$1,000   | \$750 / \$1,500   | \$1,000 / \$2,000 | \$2,000 / \$4,000 | \$3,000 / \$6,000 |
| Out of pocket max (ind / fam) | \$1,000 / \$3,000 | \$1,000 / \$3,000 | \$2,000 / \$4,000 | \$2,000 / \$4,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$4,000 / \$8,000 | \$4,000 / \$8,000 |
| Office visit copay            | \$20              | \$20              | \$20              | \$30              | \$30              | \$30              | \$30              | \$40              |
| Inpatient hospitalization     | ded, 20%          | ded, 20%          | ded, 20%          | ded, 20%          | ded, 20%          | ded, 20%          | ded, 20%          | ded, 20%          |
| Prescription drugs            | \$9 / \$35        | \$9 / \$35        | \$9 / \$35        | \$9 / \$35        | \$9 / \$35        | \$9 / \$35        | \$9 / \$35        | \$9 / \$35        |
| <b>12-Month Rate</b>          | <b>\$1,719</b>    | <b>\$1,668</b>    | <b>\$1,575</b>    | <b>\$1,556</b>    | <b>\$1,516</b>    | <b>\$1,495</b>    | <b>\$1,376</b>    | <b>\$1,236</b>    |
| 1.00 FTE Pays, includes MDV   | <u>\$61.20</u>    | <u>\$0.00</u>     | <u>\$0.00</u>     | <u>\$0.00</u>     | <u>\$0.00</u>     | <u>\$0.00</u>     | <u>\$0.00</u>     | <u>\$0.00</u>     |
| 0.75 FTE Pays, includes MDV   | <u>\$599.43</u>   | <u>\$538.23</u>   | <u>\$424.23</u>   | <u>\$403.83</u>   | <u>\$355.83</u>   | <u>\$330.63</u>   | <u>\$187.83</u>   | <u>\$19.83</u>    |

**Recently Negotiated ADDITIONS.**

\*\*NEW\*\*

| HSA Plan Options              | HSA 1500          | HSA 3000           | HSA 5000           | HSA 5000 (2 tier)           |
|-------------------------------|-------------------|--------------------|--------------------|-----------------------------|
| Deductible (ind / fam)        | \$1,500 / \$3,000 | \$3,000 / \$5,200  | \$5,000 / \$10,000 | \$5,000 / \$10,000          |
| Out of pocket max (ind / fam) | \$3,000 / \$6,000 | \$5,000 / \$10,000 | \$6,350 / \$12,700 | \$6,350 / \$12,700          |
| Office visit copay            | ded, 10%          | ded, 10%           | ded, 30%           | ded, 30%                    |
| Inpatient hospitalization     | ded, 10%          | ded, 10%           | ded, 30%           | ded, 30%                    |
| Prescription drugs            | ded, \$9 / \$35   | ded, \$9 / \$35    | ded, \$9 / \$35    | ded, \$9 / \$35             |
| <b>12-Month Rate</b>          | <b>\$1,294</b>    | <b>\$1,175</b>     | <b>\$1,038</b>     | <b>\$637 Single</b>         |
|                               |                   |                    |                    | <b>\$1,015 Emp &amp; Ch</b> |
| 1.00 FTE Pays, includes MDV   | <u>\$0.00</u>     | <u>\$0.00</u>      | <u>\$0.00</u>      | <u>\$0.00</u>               |
| 0.75 FTE Pays, includes MDV   | <u>\$89.43</u>    | <u>\$0.00</u>      | <u>\$0.00</u>      | <u>\$0.00</u>               |

40 Enrolled

| HMO Plan Options              | Kaiser HMO        | Kaiser HMO \$20   | Kaiser HMO \$30   |
|-------------------------------|-------------------|-------------------|-------------------|
| Deductible (ind / fam)        | \$0               | \$0               | \$0               |
| Out of pocket max (ind / fam) | \$1,500 / \$3,000 | \$1,500 / \$3,000 | \$1,500 / \$3,000 |
| Office visit copay            | \$10              | \$20              | \$30              |
| Inpatient hospitalization     | 100% covered      | 100% covered      | 100% covered      |
| Prescription drugs            | \$10/\$10         | \$10/\$20         | \$10/\$30         |
| <b>12-Month Rate</b>          | <b>\$1,615</b>    | <b>\$1,580</b>    | <b>\$1,552</b>    |
| 1.00 FTE Pays, includes MDV   | <u>\$0.00</u>     | <u>\$0.00</u>     | <u>\$0.00</u>     |
| 0.75 FTE Pays, includes MDV   | <u>\$522.33</u>   | <u>\$480.33</u>   | <u>\$446.73</u>   |