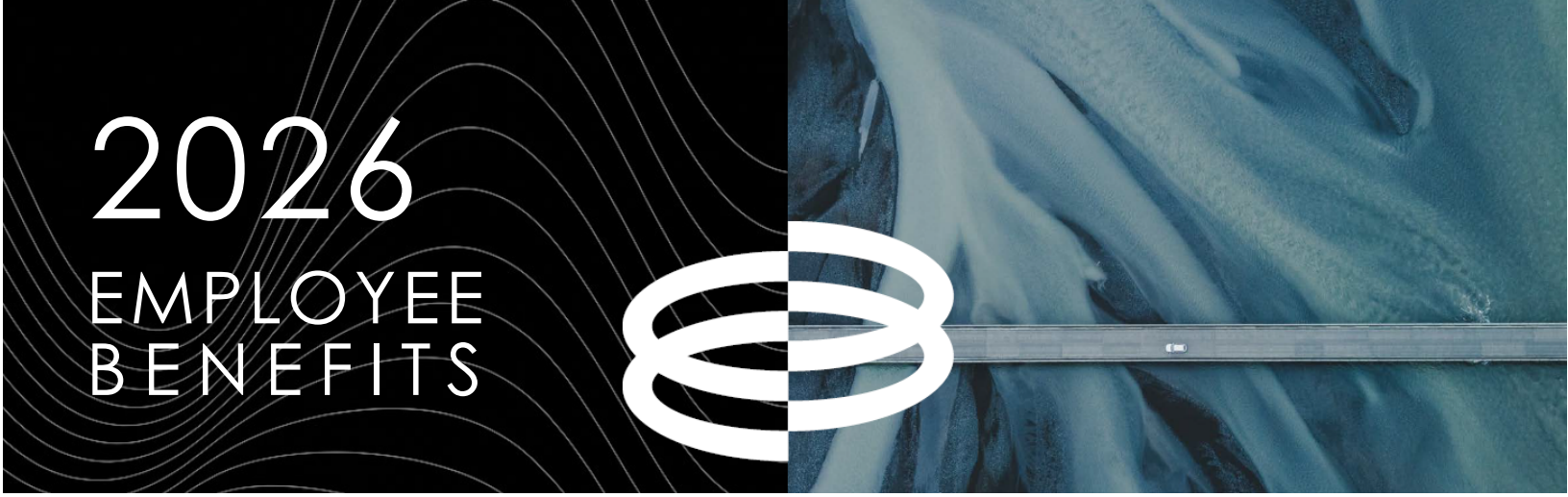

RATE SHEET OVERVIEW

Full-Time Employee Payroll Contributions

Medical - Kaiser

Employee	$0.00
Employee + Spouse	$202.87
Employee + Child(ren)	$159.39
Family	$461.85

Dental Plans - Cigna

	Low DPPO	High DPPO
Employee	$0.00	$6.83
Employee + Spouse	$17.29	$30.79
Employee + Child(ren)	$29.10	$47.18
Family	$52.96	$80.18

Vision Plan - Cigna

	Vision Plan
Employee	$3.13
Employee + Spouse	$6.26
Employee + Child(ren)	$6.32
Family	$10.09

Voluntary Life and AD&D

Monthly Voluntary Life Rate (per $1000)	Age-Banded
Age Band	**EE and Spouse**
<25	$0.050
25-29	$0.060
30-34	$0.080
35-39	$0.097
40-44	$0.139
45-49	$0.226
50-54	$0.343
55-59	$0.492
60-64	$0.660
65-69	$1.270
70-74	$2.060
75+	$5.075
Child Life (per $1000	$.0300
Employee AD&D	$0.020
Spouse AD&D	$0.020
Child AD&D	$0.020

Accident

Accident	Monthly Premium
Employee	$10.93
Employee + Spouse	$19.40
Employee + Child(ren)	$24.01
Family	$32.48

Critical Illness

Critical Illness Attained Age	Employee / Spouse Rate per $1,000
<25	$0.240
25-29	$0.320
30-34	$0.410
35-39	$0.550
40-44	$0.760
45-49	$1.070
50-54	$1.500
55-59	$2.070
60-64	$3.520
65-69	$4.780
70-74	$6.560
75-79	$9.11
80-84	$12.470
85+	$18.470

Hospital Indemnity

Hospital Indemnity	Monthly Premium
Employee	$21.99
Spouse	$43.80
Child(ren)	$31.25
Family	$53.06