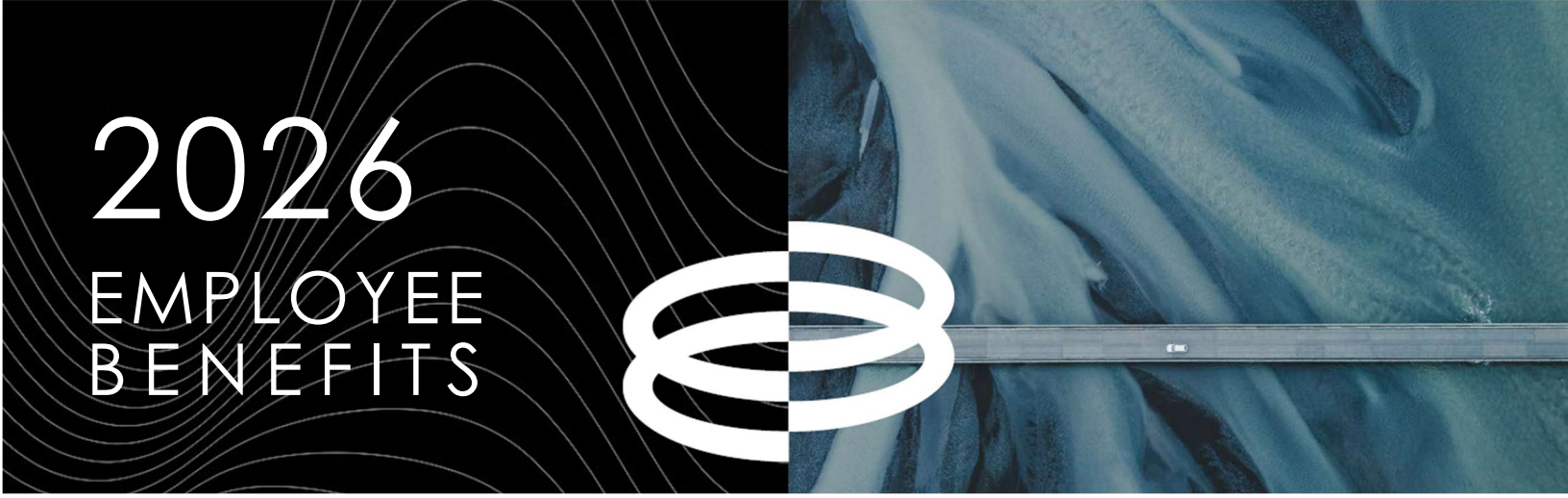

RATE SHEET OVERVIEW

Full-Time Employee Semi-Monthly Payroll Contributions

Medical Plans - Cigna

	High PPO	Mid PPO	Base PPO	HDHP with HSA
Employee	$124.51	$83.95	$54.58	$0.00
Employee + Spouse	$473.73	$388.57	$326.87	$212.28
Employee + Child(ren)	$428.82	$351.75	$295.93	$192.26
Family	$777.69	$656.03	$567.90	$404.20

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

	Premium Per $1,000 coverage
Age Band	**EE and Spouse**
<25	$0.025
25-29	$0.030
30-34	$0.040
35-39	$0.049
40-44	$0.070
45-49	$0.113
50-54	$0.172
55-59	$0.246
60-64	$0.330
65-69	$0.635
70-74	$1.030
75+	$2.538
Child Life (per $1000	$0.150
Employee AD&D	$0.010
Spouse AD&D	$0.010
Child AD&D	$0.010

Accident

Accident	Premium
Employee	$5.47
Employee + Spouse	$9.70
Employee + Child(ren)	$12.01
Family	$16.24

Critical Illness

Critical Illness Attained Age	Employee / Spouse Rate per $1,000
<25	$0.12
25-29	$0.16
30-34	$0.21
35-39	$0.28
40-44	$0.38
45-49	$0.54
50-54	$0.75
55-59	$1.04
60-64	$1.76
65-69	$2.39
70-74	$3.28
75-79	$4.56
80-84	$6.24
85+	$9.24

Hospital Indemnity

Hospital Indemnity	Semi-Monthly Premium
Employee	$11.00
Spouse	$21.90
Child(ren)	$15.63
Family	$26.53