

YOUR MONTHLY COBRA MEDICAL COSTS

| Blue Shield EPO Plan (CA Only) | | Monthly |
|--------------------------------|--|------------|
| Employee Only | | \$1,182.51 |
| Employee + Spouse | | \$2,365.02 |
| Employee + Children | | \$2,128.52 |
| Employee + Family | | \$3,311.03 |
| Blue Shield Standard PPO Plan | | Monthly |
| Employee Only | | \$1,148.05 |
| Employee + Spouse | | \$2,296.10 |
| Employee + Children | | \$2,066.49 |
| Employee + Family | | \$3,214.55 |
| Blue Shield Choice PPO Plan | | Monthly |
| Employee Only | | \$1,030.42 |
| Employee + Spouse | | \$2,060.84 |
| Employee + Children | | \$1,854.76 |
| Employee + Family | | \$2,885.18 |
| Blue Shield HDHP Plan | | Monthly |
| Employee Only | | \$1,001.45 |
| Employee + Spouse | | \$2,002.67 |
| Employee + Children | | \$1,802.62 |
| Employee + Family | | \$2,817.62 |

YOUR DENTAL & VISION MONTHLY COSTS

| DELTA DENTAL PPO | | Monthly |
|-----------------------------|--|----------|
| Employee Only | | \$57.65 |
| Employee + Spouse | | \$101.48 |
| Employee + Children | | \$98.49 |
| Employee + Family | | \$151.64 |
| DELTA DENTAL DHMO (CA ONLY) | | Monthly |
| Employee Only | | \$31.42 |
| Employee + Spouse | | \$52.05 |
| Employee + Children | | \$51.79 |
| Employee + Family | | \$74.66 |
| VISION VSP | | Monthly |
| Employee Only | | \$9.92 |
| Employee + Spouse | | \$22.82 |
| Employee + Children | | \$18.35 |
| Employee + Family | | \$32.74 |