

Benefits Rate Sheet (monthly premiums)

Pursuant to the current contract, employees contribute to all dependent medical premiums at a rate of 5%. Employees' share of dental premiums noted.

| Medical | HealthFirst 250 | Kaiser Permanente 200 | High Deductible Health Plan |
|--|-----------------|-----------------------|-----------------------------|
| Employee only | 0.00 | 0.00 | 0.00 |
| Employee + spouse | 48.13 | 41.95 | 0.00 |
| Employee + 2 or more dependents | 43.31 | 42.81 | 0.00 |
| Employee + spouse + 1 dependent | 71.84 | 63.36 | 0.00 |
| Employee + spouse + 2 or more dependents | 91.44 | 84.76 | 0.00 |
| Employee + 1 dependent | 23.71 | 21.41 | 0.00 |

| Dental | Delta with Ortho Rider III |
|--|----------------------------|
| Employee only | 2.06 |
| Employee + spouse | 3.48 |
| Employee + 2 or more dependents | 4.00 |
| Employee + spouse + 1 dependent | 4.00 |
| Employee + spouse + 2 or more dependents | 4.00 |
| Employee + 1 dependent | 3.48 |