

## Functional Support

### Monthly Premium Rates

#### Medical—Anthem

|                                                        | Anthem Core HDHP | Anthem Plus HDHP | Anthem PPO |
|--------------------------------------------------------|------------------|------------------|------------|
| If your base pay is less than \$100,000 – Rate Monthly |                  |                  |            |
| Employee Only                                          | \$0.00           | \$121.75         | \$140.24   |
| Employee + Spouse                                      | \$26.88          | \$248.64         | \$293.23   |
| Employee + Child(ren)                                  | \$22.43          | \$228.27         | \$242.64   |
| Employee + Family                                      | \$48.14          | \$345.19         | \$451.28   |
| If your base pay is \$100,000–\$150,000 – Rate Monthly |                  |                  |            |
| Employee Only                                          | \$0.00           | \$154.03         | \$173.06   |
| Employee + Spouse                                      | \$26.88          | \$314.58         | \$360.24   |
| Employee + Child(ren)                                  | \$22.43          | \$288.82         | \$304.21   |
| Employee + Family                                      | \$48.14          | \$436.74         | \$526.48   |
| If your base pay is \$150,000 and above – Rate Monthly |                  |                  |            |
| Employee Only                                          | \$41.60          | \$178.27         | \$197.69   |
| Employee + Spouse                                      | \$85.02          | \$364.03         | \$410.50   |
| Employee + Child(ren)                                  | \$77.78          | \$334.21         | \$350.37   |
| Employee + Family                                      | \$119.37         | \$505.38         | \$601.70   |

#### Medical—Kaiser

|                       | Kaiser HI |
|-----------------------|-----------|
| Rate Monthly          |           |
| Employee Only         | \$0       |
| Employee + Spouse     | \$155.13  |
| Employee + Child(ren) | \$140.36  |
| Employee + Family     | \$221.62  |

#### Medical—Cigna Global

|                       | US Expats |
|-----------------------|-----------|
| Rate Monthly          |           |
| Employee Only         | \$68.20   |
| Employee + Spouse     | \$126.50  |
| Employee + Child(ren) | \$118.69  |
| Employee + Family     | \$320.10  |

## Medical—TRICARE Supplement

|                       | TRICARE—Wellness Outside NY | TRICARE—Wellness NY |
|-----------------------|-----------------------------|---------------------|
| Coverage by Age       | Rate Monthly                |                     |
| Employee Only         | \$67.50                     | \$47.70             |
| Employee + Spouse     | \$132.50                    | \$93.20             |
| Employee + Child(ren) | \$132.50                    | \$93.20             |
| Employee + Family     | \$178.50                    | \$125.40            |

## Dental

|                       | Delta Basic  | Delta Plus |
|-----------------------|--------------|------------|
| Coverage by Age       | Rate Monthly |            |
| Employee Only         | \$4.22       | \$15.56    |
| Employee + Spouse     | \$8.84       | \$32.74    |
| Employee + Child(ren) | \$9.24       | \$34.25    |
| Employee + Family     | \$13.96      | \$51.52    |

## Vision

|                       | Vision Plan <b>with</b><br>Safety Glasses | Vision Plan <b>without</b><br>Safety Glasses |
|-----------------------|-------------------------------------------|----------------------------------------------|
| Coverage by Age       | Rate Monthly                              |                                              |
| Employee Only         | \$9.31                                    | \$7.49                                       |
| Employee + Spouse     | \$16.81                                   | \$14.98                                      |
| Employee + Child(ren) | \$17.85                                   | \$16.03                                      |
| Employee + Family     | \$27.44                                   | \$25.62                                      |

## Voluntary Accident Insurance & Hospital Indemnity

|                       | Accident Plan |          | Hospital Indemnity |          |
|-----------------------|---------------|----------|--------------------|----------|
|                       | High Plan     | Low Plan | High Plan          | Low Plan |
| Coverage by Age       | Rate Monthly  |          |                    |          |
| Employee Only         | \$5.60        | \$4.15   | \$17.98            | \$9.08   |
| Employee + Spouse     | \$10.58       | \$8.29   | \$44.45            | \$22.45  |
| Employee + Child(ren) | \$14.53       | \$10.14  | \$29.87            | \$15.08  |
| Employee + Family     | \$19.17       | \$11.91  | \$56.34            | \$28.45  |

## Voluntary Critical Illness

|                    | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|--------------------|---------------|-------------------|-----------------------|-------------------|
| Age                | Rate Monthly  |                   |                       |                   |
| <b>Under 25</b>    | \$3.60        | \$7.20            | \$9.90                | \$13.50           |
| <b>25–29</b>       | \$4.20        | \$8.10            | \$10.50               | \$14.40           |
| <b>30–34</b>       | \$6.60        | \$12.30           | \$12.90               | \$18.90           |
| <b>35–39</b>       | \$11.10       | \$20.10           | \$17.40               | \$26.40           |
| <b>40–44</b>       | \$13.50       | \$28.50           | \$24.60               | \$39.60           |
| <b>45–49</b>       | \$21.00       | \$42.00           | \$34.80               | \$55.80           |
| <b>50–54</b>       | \$30.00       | \$59.70           | \$47.10               | \$76.80           |
| <b>55–59</b>       | \$44.40       | \$86.70           | \$54.60               | \$98.40           |
| <b>60–64</b>       | \$67.20       | \$133.20          | \$85.50               | \$151.50          |
| <b>65–69</b>       | \$105.30      | \$208.20          | \$117.00              | \$219.90          |
| <b>70 and over</b> | \$157.50      | \$313.50          | \$163.80              | \$319.50          |

## Supplemental Life

|                    | Employee/Spouse*                   |
|--------------------|------------------------------------|
| Age                | Rate Monthly – Per \$1,000 Insured |
| <b>Under 25</b>    | \$.039                             |
| <b>25–29</b>       | \$.047                             |
| <b>30–34</b>       | \$.063                             |
| <b>35–39</b>       | \$.071                             |
| <b>40–44</b>       | \$.079                             |
| <b>45–49</b>       | \$.119                             |
| <b>50–54</b>       | \$.181                             |
| <b>55–59</b>       | \$.336                             |
| <b>60–64</b>       | \$.522                             |
| <b>65–69</b>       | \$1.003                            |
| <b>70 and over</b> | \$1.630                            |

\* Employee 1–10 x Salary/Spouse \$10,000–\$250,000

## Supplemental Life

| Child    |              |
|----------|--------------|
| Coverage | Rate Monthly |
| \$2,500  | \$0.41       |
| \$5,000  | \$0.83       |
| \$10,000 | \$1.65       |
| \$15,000 | \$2.48       |
| \$20,000 | \$3.30       |
| \$25,000 | \$4.13       |

## Supplemental AD&D

| 1-10 x Salary         |                                    |
|-----------------------|------------------------------------|
| Coverage by Age       | Rate Monthly – Per \$1,000 Insured |
| Employee Only         | \$0.021                            |
| Employee + Spouse     | \$0.031                            |
| Employee + Child(ren) | \$0.031                            |
| Employee + Family     | \$0.031                            |

## Disability

| Disability                         |                                      |
|------------------------------------|--------------------------------------|
| Coverage                           | Rate Monthly                         |
| Supplemental Short-Term Disability | \$0.08 – per \$10 weekly coverage    |
| Voluntary Long-Term Disability     | \$0.33 – per \$100 of monthly salary |

## Other

| Group Legal Plan             |              |
|------------------------------|--------------|
| Coverage                     | Rate Monthly |
| Group Legal Plan             | \$16.79      |
| ID Theft Protection          |              |
| Coverage                     | Rate Monthly |
| Employee Only                | \$7.00       |
| Employee + Family            | \$14.00      |
| Pet Benefit Discount Program |              |
| Coverage                     | Rate Monthly |
| One Pet                      | \$10.75      |
| Two or More Pets             | \$17.50      |