

Monthly Premiums

| MEDICAL | Blue Advantage PPO \$500 Plan | Blue Preferred PPO \$500 Plan | BlueLincs HMO \$250 Plan |
|---------------------|--|--|-------------------------------------|
| Employee Only | \$698.70 | \$765.50 | \$754.54 |
| Employee + Spouse | \$1,257.68 | \$1,377.94 | \$1,358.18 |
| Employee + Child | \$1,332.18 | \$1,459.56 | \$1,438.66 |
| Employee + Children | \$1,769.70 | \$1,938.90 | \$1,911.08 |
| Employee + Family | \$2,165.98 | \$2,373.10 | \$2,339.06 |

| DENTAL | BlueCare Low Plan | BlueCare High Plan |
|---------------------|--------------------------|---------------------------|
| Employee Only | \$19.38 | \$38.46 |
| Employee + Spouse | \$38.78 | \$76.84 |
| Employee + Children | \$51.38 | \$100.30 |
| Employee + Family | \$78.12 | \$152.96 |

| VISION | MetLife Low Plan | MetLife High Plan |
|---------------------|-------------------------|--------------------------|
| Employee Only | \$8.06 | \$13.62 |
| Employee + Spouse | \$16.14 | \$27.28 |
| Employee + Children | \$17.24 | \$29.16 |
| Employee + Family | \$27.56 | \$46.60 |