

EMPLOYEE PREMIUM RATE CHARTS: 1/1/2018 through 12/31/2018

Fraternal Order of Police (FOP) Lodge No. 30

| SINGLE COVERAGE | | | | | | | |
|---|--------------|-------------------|----------------------|-----------------------------------|---------------------------------|--|---------------------|
| Plan | Cost Share % | Full Monthly Rate | Full Bi-Weekly Rates | Bi-Weekly Commission Contribution | Bi-Weekly Employee Contribution | \$\$ Change in Employee Contribution From 2016 | Monthly COBRA Rates |
| Caremark Prescription | 78%/22% | \$202.00 | \$93.24 | \$72.73 | \$20.51 | \$1.87 | \$206.04 |
| Kaiser Permanente HMO | 78%/22% | \$528.62 | \$243.98 | \$190.31 | \$53.67 | \$7.16 | \$539.19 |
| UnitedHealthcare Choice Plus POS | 78%/22% | \$510.00 | \$235.39 | \$183.61 | \$51.78 | -\$0.46 | \$520.20 |
| UHC Medicare Complement (LTD only) | 78%/22% | \$260.00 | \$120.00 | \$93.60 | \$26.40 | \$0.74 | \$265.20 |
| UHC EPO>65 (LTD only) | 78%/22% | \$372.00 | \$171.70 | \$133.93 | \$37.77 | -\$3.03 | \$379.44 |
| Kaiser HMO Medicare Complement (LTD only) | 78%/22% | \$309.31 | \$142.76 | \$111.36 | \$31.40 | \$3.68 | \$315.50 |
| UnitedHealthcare Select EPO | 78%/22% | \$442.00 | \$204.00 | \$159.12 | \$44.88 | \$4.08 | \$450.84 |
| United Concordia Dental | 78%/22% | \$40.76 | \$18.82 | \$14.68 | \$4.14 | \$0.67 | \$41.58 |
| Vision Service Plan - Low | 80%/20% | \$3.90 | \$1.80 | \$1.44 | \$0.36 | \$0.00 | \$3.98 |
| Vision Service Plan - Moderate | See notes | \$6.94 | \$3.21 | \$1.44 | \$1.77 | \$0.00 | \$7.08 |
| Vision Service Plan - High | See notes | \$10.13 | \$4.68 | \$1.44 | \$3.24 | \$0.00 | \$10.33 |
| TWO-MEMBER COVERAGE | | | | | | | |
| Caremark Prescription | 78%/22% | \$404.00 | \$186.47 | \$145.45 | \$41.02 | \$3.74 | \$412.08 |
| Kaiser Permanente | 78%/22% | \$1,057.23 | \$487.96 | \$380.61 | \$107.35 | \$14.32 | \$1,078.37 |
| UnitedHealthcare Choice Plus POS | 78%/22% | \$1,020.00 | \$470.77 | \$367.21 | \$103.56 | -\$0.92 | \$1,040.40 |
| UHC Medicare Complement (LTD only) | 78%/22% | \$520.00 | \$240.00 | \$187.20 | \$52.80 | \$1.48 | \$530.40 |
| UHC EPO>65 (LTD only) | 78%/22% | \$744.00 | \$343.39 | \$267.85 | \$75.54 | -\$6.06 | \$758.88 |
| Kaiser HMO Medicare Complement (LTD only) | 78%/22% | \$618.62 | \$285.52 | \$222.71 | \$62.81 | \$7.36 | \$630.99 |
| UnitedHealthcare Select EPO | 78%/22% | \$884.00 | \$408.00 | \$318.24 | \$89.76 | \$8.16 | \$901.68 |
| United Concordia Dental | 78%/22% | \$81.50 | \$37.62 | \$29.35 | \$8.27 | \$1.34 | \$83.13 |
| Vision Service Plan - Low | 80%/20% | \$7.83 | \$3.62 | \$2.90 | \$0.72 | \$0.00 | \$7.99 |
| Vision Service Plan - Moderate | See notes | \$13.89 | \$6.42 | \$2.90 | \$3.52 | \$0.00 | \$14.17 |
| Vision Service Plan - High | See notes | \$20.27 | \$9.36 | \$2.90 | \$6.46 | \$0.00 | \$20.68 |
| FAMILY COVERAGE | | | | | | | |
| Caremark Prescription | 78%/22% | \$606.00 | \$279.70 | \$218.17 | \$61.53 | \$5.61 | \$618.12 |
| Kaiser Permanente | 78%/22% | \$1,585.85 | \$731.94 | \$570.92 | \$161.02 | \$21.48 | \$1,617.57 |
| UnitedHealthcare Choice Plus POS | 78%/22% | \$1,530.00 | \$706.16 | \$550.81 | \$155.35 | -\$1.38 | \$1,560.60 |
| UHC Medicare Complement (LTD only) | 78%/22% | \$780.00 | \$360.00 | \$280.80 | \$79.20 | \$2.22 | \$795.60 |
| UHC EPO>65 (LTD only) | 78%/22% | \$1,116.00 | \$515.08 | \$401.77 | \$113.31 | -\$9.09 | \$1,138.32 |
| Kaiser HMO Medicare Complement (LTD only) | 78%/22% | \$927.93 | \$428.28 | \$334.06 | \$94.22 | \$11.04 | \$946.49 |
| UnitedHealthcare Select EPO | 78%/22% | \$1,326.00 | \$612.00 | \$477.36 | \$134.64 | \$12.24 | \$1,352.52 |
| United Concordia Dental | 78%/22% | \$122.26 | \$56.43 | \$44.02 | \$12.41 | \$2.01 | \$124.71 |
| Vision Service Plan - Low | 80%/20% | \$11.73 | \$5.42 | \$4.34 | \$1.08 | \$0.00 | \$11.96 |
| Vision Service Plan - Moderate | See notes | \$20.84 | \$9.62 | \$4.34 | \$5.28 | \$0.00 | \$21.26 |
| Vision Service Plan - High | See notes | \$30.41 | \$14.04 | \$4.34 | \$9.70 | \$0.00 | \$31.02 |

Fraternal Order of Police (FOP) Lodge No. 30 (Premium Rates Continued)

| OTHER BENEFIT PLAN RATES | | | | | | | |
|--------------------------------------|--------------|-------------------|----------------------|-----------------------------------|---------------------------------|--|---------------------|
| Plan | Cost Share % | Full Monthly Rate | Full Bi-Weekly Rates | Bi-Weekly Commission Contribution | Bi-Weekly Employee Contribution | \$\$ Change in Employee Contribution From 2016 | Monthly COBRA Rates |
| CIGNA - Long Term Disability - FOP | 0%/100% | \$2.13 | | | | \$0.00 | |
| Legal Resources | 0%/100% | \$17.00 | | \$0.00 | \$8.50 | \$0.00 | |
| U. S. Legal Service - Legal Services | 0%/100% | \$15.50 | | \$0.00 | \$7.75 | \$0.00 | |
| Basic Life Insurance | 80%/20% | \$0.204 | | | | \$0.00 | |
| AD&D | 80%/20% | \$0.025 | | | | \$0.00 | |

Notes:

Employees on long term disability pay premiums on a monthly basis. Contact the Health & Benefits office for the monthly contribution.

If you enroll in UnitedHealthcare you must enroll in Caremark for prescription drug coverage.

If you enroll in Kaiser Permanente, prescription drug coverage is included. You can not enroll in Caremark.

Vision: (Commission pays 80% of Low Option for Moderate and High Options Plans; Employee pays balance.

Basic Life Insurance: Commission 80%, Employee 20%; dependent life 100% by employee. Rates are per \$1,000 of eligible salary.

Cigna Long Term Disability: Rates are per \$100 of monthly benefit.

Legal Resources: Employee pays 100%. \$8.50 bi-weekly deducted on the 1st and 2nd pay periods of the month.

U.S. Legal Services: Employee pays 100%. \$7.75 bi-weekly deducted on the 1st and 2nd pay periods of the month.

MCCEO, Non-Union Represented and Contract Employees

| SINGLE COVERAGE | | | | | | | |
|--|--------------|-------------------|----------------------|-----------------------------------|---------------------------------|---|---------------------|
| Plan | Cost Share % | Full Monthly Rate | Full Bi-Weekly Rates | Bi-Weekly Commission Contribution | Bi-Weekly Employee Contribution | \$\$ Change in Employee Contribution From | Monthly COBRA Rates |
| Caremark Prescription | 85%/15% | \$202.00 | \$93.24 | \$79.26 | \$13.98 | \$0.00 | \$206.04 |
| Caremark Prescription - Contract | 65%/35% | \$202.00 | \$93.24 | \$60.61 | \$32.63 | \$0.00 | \$206.04 |
| Kaiser Permanente HMO | 85%/15% | \$528.62 | \$243.98 | \$207.39 | \$36.59 | \$1.71 | \$539.19 |
| Kaiser Permanente - Contract | 65%/35% | \$528.62 | \$243.98 | \$158.59 | \$85.39 | \$3.99 | \$539.19 |
| UnitedHealthcare Choice Plus POS | 80%/20% | \$510.00 | \$235.39 | \$188.32 | \$47.07 | -\$5.17 | \$520.20 |
| UHC Medicare Complement Plan (LTD only)* | 80%/20% | \$260.00 | \$120.00 | \$96.00 | \$24.00 | -\$1.66 | \$265.20 |
| UHC EPO>65 (LTD only) | 82.5%/17.5% | \$372.00 | \$171.70 | \$141.66 | \$30.04 | -\$0.56 | \$379.44 |
| Kaiser Permanente Medicare Complement (LTD only) | 85%/15% | \$309.31 | \$142.76 | \$121.35 | \$21.41 | \$0.62 | \$315.50 |
| UnitedHealthcare Select EPO | 82.5%/17.5% | \$442.00 | \$204.00 | \$168.30 | \$35.70 | \$5.10 | \$450.84 |
| UHC Select EPO - Contract | 65%/35% | \$442.00 | \$204.00 | \$132.60 | \$71.40 | \$0.00 | \$450.84 |
| United Concordia Dental | 80%/20% | \$40.76 | \$18.82 | \$15.06 | \$3.76 | \$0.29 | \$41.58 |
| Vision Service Plan - Low | 80%/20% | \$3.90 | \$1.80 | \$1.44 | \$0.36 | \$0.00 | \$3.98 |
| Vision Service Plan - Moderate | See notes | \$6.94 | \$3.21 | \$1.44 | \$1.77 | \$0.00 | \$7.08 |
| Vision Service Plan - High | See notes | \$10.13 | \$4.68 | \$1.44 | \$3.24 | \$0.00 | \$10.33 |
| TWO-MEMBER COVERAGE | | | | | | | |
| Caremark Prescription | 85%/15% | \$404.00 | \$186.47 | \$158.50 | \$27.97 | \$0.00 | \$412.08 |
| Caremark Prescription - Contract | 65%/35% | \$404.00 | \$186.47 | \$121.21 | \$65.26 | \$0.00 | \$412.08 |
| Kaiser Permanente HMO | 85%/15% | \$1,057.23 | \$487.96 | \$414.78 | \$73.18 | \$3.41 | \$1,078.37 |
| Kaiser Permanente - Contract | 65%/35% | \$1,057.23 | \$487.96 | \$317.18 | \$170.78 | \$7.98 | \$1,078.37 |
| UnitedHealthcare Choice Plus POS | 80%/20% | \$1,020.00 | \$470.77 | \$376.64 | \$94.13 | -\$10.36 | \$1,040.40 |
| UHC Medicare Complement Plan (LTD only) | 80%/20% | \$520.00 | \$240.00 | \$192.00 | \$48.00 | \$7.00 | \$530.40 |
| UHC EPO>65 (LTD only) | 82.5%/17.5% | \$744.00 | \$343.39 | \$283.32 | \$60.07 | -\$1.13 | \$758.88 |
| Kaiser Permanente Medicare Complement (LTD only) | 85%/15% | \$618.62 | \$285.52 | \$242.70 | \$42.82 | \$1.24 | \$630.99 |
| UnitedHealthcare Select EPO | 82.5%/17.5% | \$884.00 | \$408.00 | \$336.60 | \$71.40 | \$10.20 | \$901.68 |
| UHC Select EPO - Contract | 65%/35% | \$884.00 | \$408.00 | \$265.20 | \$142.80 | \$0.00 | \$901.68 |
| United Concordia Dental | 80%/20% | \$81.50 | \$37.62 | \$30.12 | \$7.50 | \$0.55 | \$83.13 |
| Vision Service Plan - Low | 80%/20% | \$7.83 | \$3.62 | \$2.90 | \$0.72 | \$0.00 | \$7.99 |
| Vision Service Plan - Moderate | See notes | \$13.89 | \$6.42 | \$2.90 | \$3.52 | \$0.00 | \$14.17 |
| Vision Service Plan - High | See notes | \$20.27 | \$9.36 | \$2.90 | \$6.46 | \$0.00 | \$20.68 |

MCGEO, Non-Union Represented and Contract Employees (Premium Rates Continued)

| FAMILY COVERAGE | | | | | | | |
|--|--------------|-------------------|----------------------|-----------------------------------|---------------------------------|---|---------------------|
| Plan | Cost Share % | Full Monthly Rate | Full Bi-Weekly Rates | Bi-Weekly Commission Contribution | Bi-Weekly Employee Contribution | \$\$ Change in Employee Contribution From | Monthly COBRA Rates |
| Caremark Prescription | 85%/15% | \$606.00 | \$279.70 | \$237.75 | \$41.95 | \$0.00 | \$618.12 |
| Caremark Prescription - Contract | 65%/35% | \$606.00 | \$279.70 | \$181.81 | \$97.89 | \$0.00 | \$618.12 |
| Kaiser Permanente HMO | 85%/15% | \$1,585.85 | \$731.94 | \$622.17 | \$109.77 | \$5.11 | \$1,617.57 |
| Kaiser Permanente - Contract | 65%/35% | \$1,585.85 | \$731.94 | \$475.77 | \$256.17 | \$11.96 | \$1,617.57 |
| UnitedHealthcare Choice Plus POS | 80%/20% | \$1,530.00 | \$706.16 | \$564.96 | \$141.20 | -\$15.54 | \$1,560.60 |
| UHC Medicare Complement Plan (LTD only) | 80%/20% | \$780.00 | \$360.00 | \$288.00 | \$72.00 | -\$4.98 | \$795.60 |
| UHC EPO>65 (LTD only) | 82.5%/17.5% | \$1,116.00 | \$515.08 | \$424.98 | \$90.10 | -\$1.70 | \$1,138.32 |
| Kaiser Permanente Medicare Complement (LTD only) | 85%/15% | \$927.93 | \$428.28 | \$364.05 | \$64.23 | \$1.86 | \$946.49 |
| UnitedHealthcare Select EPO | 82.5%/17.5% | \$1,326.00 | \$612.00 | \$504.90 | \$107.10 | \$15.30 | \$1,352.52 |
| UHC Select EPO - Contract | 65%/35% | \$1,326.00 | \$612.00 | \$397.80 | \$214.20 | \$0.00 | \$1,352.52 |
| United Concordia Dental | 80%/20% | \$122.26 | \$56.43 | \$45.18 | \$11.25 | \$0.82 | \$124.71 |
| Vision Service Plan - Low | 80%/20% | \$11.73 | \$5.42 | \$4.34 | \$1.08 | \$0.00 | \$11.96 |
| Vision Service Plan - Moderate | See notes | \$20.84 | \$9.62 | \$4.34 | \$5.28 | \$0.00 | \$21.26 |
| Vision Service Plan - High | See notes | \$30.41 | \$14.04 | \$4.34 | \$9.70 | \$0.00 | \$31.02 |
| OTHER BENEFIT PLAN RATES | | | | | | | |
| CIGNA - Long Term Disability | 80%/20% | \$1.44 | | | | \$0.00 | |
| Legal Resources | 0%/100% | \$17.00 | | \$0.00 | \$8.50 | \$0.00 | |
| U. S. Legal Service - Legal Services | 0%/100% | \$15.50 | | \$0.00 | \$7.75 | \$0.00 | |
| Life Insurance | 80%/20% | \$0.204 | | | | \$0.00 | |
| AD&D | 80%/20% | \$0.025 | | | | \$0.00 | |

Notes:

Employees on long term disability pay premiums on a monthly basis. Contact the Health & Benefits office for the monthly contribution.

If you enroll in UnitedHealthcare you must enroll in Caremark for prescription drug coverage.

If you enroll in Kaiser Permanente, prescription drug coverage is included. You can not enroll in Caremark.

Vision: (Commission pays/ Employee pays) Low Option: 80%/20%. Moderate and High Options: 80% of low plan/Employee pays balance.

Basic Life Insurance: Commission pays 80%, Employee pays 20%; dependent is paid 100% by employee. Rates are \$1000 of eligible salary.

Cigna Long Term Disability: Rates are per \$100 of monthly benefit.

Legal Resources: Employee pays 100%. \$8.50 bi-weekly deducted on the 1st and 2nd pay periods of the month.

U.S. Legal Services: Employee pays 100%. \$7.75 bi-weekly deducted on the 1st and 2nd pay periods of the month.

***LTD Enrolled in Medicare Part A and Part B