

State Health Benefit Plan (SHBP) Monthly Rates

| Active Employee Rates by Plan Type | Employee | Employee & Child(ren) | Employee & Spouse | Employee Child(ren) Spouse |
|------------------------------------|----------|-----------------------|-------------------|----------------------------|
| PPO/OAP | \$94.70 | \$268.10 | \$278.50 | \$289.10 |
| PPO/OAP Tob | \$154.70 | \$328.10 | \$338.50 | \$349.10 |
| PPO/OAP Sp | | | \$318.50 | \$329.10 |
| PPO/OAP Tob & Sp | | | \$378.50 | \$389.10 |
| HMO | \$100.20 | \$227.60 | \$236.50 | \$245.40 |
| HMO Tob | \$160.20 | \$287.60 | \$296.50 | \$305.40 |
| HMO Sp | | | \$276.50 | \$285.40 |
| HMO Tob & Sp | | | \$336.50 | \$345.40 |
| HRA | \$62.50 | \$185.30 | \$191.00 | \$196.60 |
| HRA Tob | \$122.50 | \$245.30 | \$251.00 | \$256.60 |
| HRA Sp | | | \$231.00 | \$236.60 |
| HRA Tob & Sp | | | \$291.00 | \$296.60 |
| HDHP | \$54.40 | \$171.40 | \$176.50 | \$181.60 |
| HDHP Tob | \$114.40 | \$231.40 | \$236.50 | \$241.60 |
| HDHP Sp | | | \$216.50 | \$221.60 |
| HDHP Tob & Sp | | | \$276.50 | \$281.60 |

PPO under CIGNA called = OAP

(Rates effective January 1, 2010)

2010 Flexible Benefit Plan Rates

*All rates shown are monthly and do not include any administrative or service fees for plans elected.

Dental Plans (United Concordia)

| | Regular Option | PPO Option |
|----------------------|----------------|------------|
| Employee Only | \$ 24.00 | \$ 21.53 |
| Employee + Spouse | \$ 47.99 | \$ 43.06 |
| Employee + Child/ren | \$ 50.38 | \$ 45.21 |
| Employee + Family | \$ 71.12 | \$ 58.32 |

Disability (The Standard)

Short Term Disability (STD)

| Age | Seven Day Wait | Thirty Day Wait |
|-------|---------------------------------|---------------------------------|
| | With or Without Social Security | With or Without Social Security |
| 0-29 | \$ 0.490 | \$ 0.260 |
| 30-34 | \$ 0.470 | \$ 0.255 |
| 35-39 | \$ 0.490 | \$ 0.260 |
| 40-44 | \$ 0.535 | \$ 0.290 |
| 45-49 | \$ 0.590 | \$ 0.320 |
| 50-54 | \$ 0.640 | \$ 0.350 |

Long Term Disability (LTD)

| No Retirement Disability | No Retirement Disability | With Retirement Disability | With Retirement Disability |
|--------------------------|---------------------------|----------------------------|----------------------------|
| Under Social Security | Not Under Social Security | Under Social Security | Not Under Social Security |
| \$ 0.150 | \$ 0.159 | \$ 0.127 | \$ 0.137 |
| \$ 0.214 | \$ 0.241 | \$ 0.127 | \$ 0.137 |
| \$ 0.268 | \$ 0.300 | \$ 0.127 | \$ 0.137 |
| \$ 0.309 | \$ 0.337 | \$ 0.127 | \$ 0.137 |
| \$ 0.532 | \$ 0.592 | \$ 0.127 | \$ 0.137 |
| \$ 0.710 | \$ 0.792 | \$ 0.259 | \$ 0.291 |

| | | |
|-------|----------|----------|
| 55-59 | \$ 0.750 | \$ 0.405 |
| 60-64 | \$ 0.845 | \$ 0.460 |
| 65-69 | \$ 1.030 | \$ 0.560 |
| 70-99 | \$ 1.590 | \$ 0.855 |

*Premiums are based on rate per thousand of coverage elected.

| | | | |
|----------|----------|----------|----------|
| \$ 0.928 | \$ 1.019 | \$ 0.464 | \$ 0.514 |
| \$ 1.092 | \$ 1.197 | \$ 0.560 | \$ 0.619 |
| \$ 1.456 | \$ 1.602 | \$ 0.915 | \$ 1.010 |
| \$ 1.456 | \$ 1.602 | \$ 0.915 | \$ 1.010 |

*Premiums are based on rate per thousand of coverage elected.

Legal Insurance (Signature Legal)

| | Select Plan | Select Plus Plan |
|---------------|-------------|------------------|
| Employee Only | \$ 5.67 | \$ 7.30 |
| Family | \$ 6.89 | \$ 9.60 |

Vision Insurance (OptumHealth)

| | Select Plan | Select Plus Plan |
|----------------------|-------------|------------------|
| Employee Only | \$ 5.30 | \$ 5.99 |
| Employee + Spouse | \$ 12.17 | \$ 13.75 |
| Employee + Child/ren | \$ 12.73 | \$ 14.40 |
| Employee + Family | \$ 17.49 | \$ 19.76 |

Life Insurance (Minnesota Life)

| Ages: | Employee Life | Spousal Life | AD&D |
|-------|---------------|--------------|----------|
| 0-29 | \$ 0.06 | \$ 0.06 | \$ 0.020 |
| 30-34 | \$ 0.06 | \$ 0.06 | \$ 0.020 |
| 35-39 | \$ 0.09 | \$ 0.09 | \$ 0.020 |
| 40-44 | \$ 0.14 | \$ 0.14 | \$ 0.020 |
| 45-49 | \$ 0.18 | \$ 0.18 | \$ 0.020 |
| 50-54 | \$ 0.28 | \$ 0.28 | \$ 0.020 |
| 55-59 | \$ 0.40 | \$ 0.40 | \$ 0.020 |
| 60-64 | \$ 0.64 | \$ 0.64 | \$ 0.020 |
| 65-69 | \$ 1.23 | \$ 1.23 | \$ 0.020 |
| 70-99 | \$ 1.91 | \$ 1.91 | \$ 0.020 |

*Premiums are based on rate per thousand of coverage elected.

*Spouse life rates are based on the employee's age.

| Child Life Coverage Level | Rates |
|---------------------------|---------|
| \$ 3,000.00 | \$ 0.21 |
| \$ 6,000.00 | \$ 0.42 |
| \$ 10,000.00 | \$ 0.70 |
| \$ 15,000.00 | \$ 1.05 |
| \$ 20,000.00 | \$ 1.40 |

Specified Illness (CAIC)

| Ages: | \$5,000 Coverage Level | \$10,000 Coverage Level | \$20,000 Coverage Level | \$30,000 Coverage Level | \$40,000 Coverage Level | \$50,000 Coverage Level |
|-------|------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 18-29 | \$ 3.25 | \$ 5.05 | \$ 8.65 | \$ 12.25 | \$ 15.85 | \$ 19.45 |
| 30-39 | \$ 4.80 | \$ 8.15 | \$ 14.85 | \$ 21.55 | \$ 28.25 | \$ 34.95 |
| 40-49 | \$ 8.75 | \$ 16.05 | \$ 30.65 | \$ 45.25 | \$ 59.85 | \$ 74.45 |
| 50-59 | \$ 14.35 | \$ 27.25 | \$ 53.05 | \$ 78.85 | \$ 104.65 | \$ 130.45 |
| 60-69 | \$ 22.20 | \$ 42.95 | \$ 84.45 | \$ 125.95 | \$ 167.45 | \$ 208.95 |

Spending Accounts (SHPS)

| | Health Care | Dependent Care |
|----------------|-------------|----------------|
| Annual Maximum | \$ 5,040.00 | \$ 4,992.00 |
| Annual Minimum | \$ 120.00 | \$ 120.00 |

LTC (UNUM)

Premiums are custom, competitive rates that are calculated based on age at enrollment.