

## 2019 vs. 2018 Premium Share Rates with Wellness Reward Incentive

|                                   | Employee Cost per Month |        | Change  |
|-----------------------------------|-------------------------|--------|---------|
|                                   | 2019                    | 2018   |         |
| Aetna Deductible Plan             |                         |        |         |
| Employee Only                     | 37.76                   | 38.76  | (1.00)  |
| Employee & Spouse/Partner         | 227.24                  | 230.22 | (2.98)  |
| Employee & Child(ren)             | 200.84                  | 203.46 | (2.62)  |
| Couple & Child(ren)               | 313.32                  | 317.40 | (4.08)  |
| Aetna High Deductible Health Plan |                         |        |         |
| Employee Only                     | 0.00                    | 0.00   | 0.00    |
| Employee & Spouse/Partner         | 64.74                   | 66.64  | (1.90)  |
| Employee & Child(ren)             | 56.86                   | 58.90  | (2.04)  |
| Couple & Child(ren)               | 88.68                   | 91.88  | (3.20)  |
| Kaiser Permanente HMO             |                         |        |         |
| Employee Only                     | 28.10                   | 29.66  | (1.56)  |
| Employee & Spouse/Partner         | 167.54                  | 177.08 | (9.54)  |
| Employee & Child(ren)             | 156.74                  | 165.64 | (8.90)  |
| Couple & Child(ren)               | 241.04                  | 254.88 | (13.84) |

## 2019 vs. 2018 Premium Share Rates without Wellness Reward Incentive

|                                          | Employee Cost per Month |        |         |
|------------------------------------------|-------------------------|--------|---------|
|                                          | 2019                    | 2018   | Change  |
| <b>Aetna Deductible Plan</b>             |                         |        |         |
| Employee Only                            | 114.78                  | 116.28 | (1.50)  |
| Employee & Spouse/Partner                | 363.58                  | 368.34 | (4.76)  |
| Employee & Child(ren)                    | 321.34                  | 325.56 | (4.22)  |
| Couple & Child(ren)                      | 501.30                  | 507.86 | (6.56)  |
| <b>Aetna High Deductible Health Plan</b> |                         |        |         |
| Employee Only                            | 0.00                    | 0.00   | 0.00    |
| Employee & Spouse/Partner                | 64.74                   | 66.64  | (1.90)  |
| Employee & Child(ren)                    | 56.86                   | 58.90  | (2.04)  |
| Couple & Child(ren)                      | 88.68                   | 91.88  | (3.20)  |
| <b>Kaiser Permanente HMO</b>             |                         |        |         |
| Employee Only                            | 84.30                   | 88.96  | (4.66)  |
| Employee & Spouse/Partner                | 268.08                  | 283.32 | (15.24) |
| Employee & Child(ren)                    | 250.80                  | 265.04 | (14.24) |
| Couple & Child(ren)                      | 385.68                  | 407.80 | (22.12) |

## 2019 vs. 2018 Premium Share Rates

### Dental & Vision Rates

|                            | Employee Cost per Month |       | Change |
|----------------------------|-------------------------|-------|--------|
|                            | 2019                    | 2018  |        |
| Delta Dental Legacy & Core |                         |       |        |
| Employee Only              | 1.00                    | 1.00  | 0.00   |
| Employee & Spouse/Partner  | 9.24                    | 9.24  | 0.00   |
| Employee & Child(ren)      | 7.84                    | 7.85  | (0.01) |
| Couple & Child(ren)        | 12.70                   | 12.71 | (0.01) |
| Delta Dental Enhanced      |                         |       |        |
| Employee Only              | 20.18                   | -     | 20.18  |
| Employee & Spouse/Partner  | 47.60                   | -     | 47.60  |
| Employee & Child(ren)      | 40.44                   | -     | 40.44  |
| Couple & Child(ren)        | 65.44                   | -     | 65.44  |
| Vision Core                |                         |       |        |
| Employee Only              | 1.00                    | -     | 1.00   |
| Employee & Spouse/Partner  | 1.90                    | -     | 1.90   |
| Employee & Child(ren)      | 2.04                    | -     | 2.04   |
| Couple & Child(ren)        | 3.20                    | -     | 3.20   |
| Vision Enhanced            |                         |       |        |
| Employee Only              | 5.14                    | -     | 5.14   |
| Employee & Spouse/Partner  | 10.20                   | -     | 10.20  |
| Employee & Child(ren)      | 10.92                   | -     | 10.92  |
| Couple & Child(ren)        | 17.38                   | -     | 17.38  |