**Only use this rate sheet if you are adding the additional State subsidy to the “grandfathered” Contingent 2 employee salary.**

**HEALTH INSURANCE**

**Monthly Medical Premiums:**

<table>
<thead>
<tr>
<th></th>
<th>1 Person</th>
<th>2 People</th>
<th>3+People</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BC BS PPO</strong></td>
<td>102.00</td>
<td>20.40</td>
<td>183.58</td>
</tr>
<tr>
<td><strong>UHC PPO</strong></td>
<td>100.32</td>
<td>20.07</td>
<td>180.60</td>
</tr>
<tr>
<td><strong>BCBS EPO</strong></td>
<td>68.08</td>
<td>19.29</td>
<td>142.86</td>
</tr>
<tr>
<td><strong>UHC EPO</strong></td>
<td>68.48</td>
<td>19.40</td>
<td>142.42</td>
</tr>
<tr>
<td><strong>Kaiser (IHM)</strong></td>
<td>66.38</td>
<td>18.80</td>
<td>139.30</td>
</tr>
</tbody>
</table>

**CVS CAREMARK PRESCRIPTION PLAN**

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Employee Only</th>
<th>Employee &amp; One Child</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Two or More</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Rates</strong></td>
<td>45.08</td>
<td>59.90</td>
<td>74.80</td>
<td>90.14</td>
</tr>
<tr>
<td><strong>Average Premiums</strong></td>
<td>9.01</td>
<td>11.98</td>
<td>14.96</td>
<td>18.03</td>
</tr>
</tbody>
</table>

**DENTAL PLANS**

**UNITED CONCORDIA DPPO**

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Monthly Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>11.64</td>
</tr>
<tr>
<td>Employee &amp; Child</td>
<td>22.24</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>23.26</td>
</tr>
<tr>
<td>Employee &amp; 2 or More</td>
<td>43.60</td>
</tr>
</tbody>
</table>

**DELTA DENTAL DHMO**

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Monthly Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>7.03</td>
</tr>
<tr>
<td>Employee &amp; Child</td>
<td>12.26</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>14.09</td>
</tr>
<tr>
<td>Employee &amp; 2 or More</td>
<td>19.79</td>
</tr>
</tbody>
</table>