



Health Plan

2012 Premium Rates

| DOMESTIC | Premium A | | | Standard A | | | Premium B | | | Standard B | | | Premium HDHP | | | Standard HDHP | | |
|--------------|------------|--------------|--------------|------------|--------------|--------------|------------|------------|--------------|------------|------------|------------|--------------|------------|--------------|---------------|------------|------------|
| | Emp | E + 1 | Family | Emp | E + 1 | Family | Emp | E + 1 | Family | Emp | E + 1 | Family | Emp | E + 1 | Family | Emp | E + 1 | Family |
| Medical/RX | 538 | 1076 | 1,523 | 538 | 1076 | 1,523 | 347 | 694 | 970 | 347 | 694 | 970 | 331 | 665 | 926 | 331 | 665 | 926 |
| Dental | 35 | 70 | 91 | | | | 35 | 70 | 91 | | | | 35 | 70 | 91 | | | |
| Vision | 6 | 12 | 16 | | | | 6 | 12 | 16 | | | | 6 | 12 | 16 | | | |
| Basic Life | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 |
| LTD | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | |
| Total | 605 | 1,184 | 1,656 | 554 | 1,092 | 1,539 | 414 | 802 | 1,103 | 363 | 710 | 986 | 398 | 773 | 1,059 | 347 | 681 | 942 |

| COV EXT** | Premium A | | | Standard A | | | Premium B | | | Standard B | | | Premium HDHP | | | Standard HDHP | | |
|--------------|------------|--------------|--------------|------------|--------------|--------------|------------|------------|--------------|------------|------------|------------|--------------|------------|--------------|---------------|------------|------------|
| | Emp | E + 1 | Family | Emp | E + 1 | Family | Emp | E + 1 | Family | Emp | E + 1 | Family | Emp | E + 1 | Family | Emp | E + 1 | Family |
| Medical/RX | 538 | 1076 | 1523 | 538 | 1076 | #### | 347 | 694 | 970 | 347 | 694 | 970 | 331 | 665 | 926 | 331 | 665 | 926 |
| Dental | 35 | 70 | 91 | | | | 35 | 70 | 91 | | | | 35 | 70 | 91 | | | |
| Vision | 6 | 12 | 16 | | | | 6 | 12 | 16 | | | | 6 | 12 | 16 | | | |
| Cov Ext Fee | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| Basic Life | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LTD | 0 | 0 | 0 | | | | 0 | 0 | 0 | | | | 0 | 0 | 0 | | | |
| Total | 589 | 1,168 | 1,640 | 548 | 1,086 | 1,533 | 398 | 786 | 1,087 | 357 | 704 | 980 | 382 | 757 | 1,043 | 341 | 675 | 936 |

** Coverage Extension (COV EXT) may be available to participants on the plan for a limited time after employment. Coverage Extension includes Medical, Dental, Vision, and Coverage Extension Fee of \$10. Contact our Benefits Representative at (800)700-2651.