Exhibit A

ACTIVE EMPLOYEE AND DEPENDENT PREMIUMS - BIWEEKLY

Effective Pay Period Beginning December 18, 2017

	Kaiser HMO Kaiser RX Kaiser Mental Health Kaiser Vision		Anthem Blue Cross EPO EmpiRx Anthem Mental Health VSP Vision		Anthem Blue Cross PPO $250 EmpiRx Anthem Mental Health VSP Vision	
	Delta Dental DPPO	DeltaCare DHMO	Delta Dental DPPO	DeltaCare DHMO	Delta Dental DPPO	DeltaCare DHMO
Employee Only	$382.60	$371.57	$398.00	$386.97	$552.25	$541.22
Employee + Spouse	$670.48	$654.36	$697.32	$681.20	$1,141.93	$1,125.81
Employee + Child(ren)	$592.87	$581.66	$616.56	$605.35	$1,034.50	$1,023.29
Employee + Family	$879.97	$862.95	$915.09	$898.07	$1,571.68	$1,554.66

	Anthem Blue Cross PPO $1000 EmpiRx Anthem Mental Health VSP Vision		Anthem Blue Cross HDPPO $1500 EmpiRx Anthem Mental Health VSP Vision		Anthem Blue Cross HDPPO $3000 Anthem RX Anthem Mental Health VSP Vision	
	Delta Dental DPPO	DeltaCare DHMO	Delta Dental DPPO	DeltaCare DHMO	Delta Dental DPPO	DeltaCare DHMO
Employee Only	$418.41	$407.38	$382.35	$371.32	$318.39	$307.36
Employee + Spouse	$860.99	$844.87	$785.27	$769.15	$656.45	$640.33
Employee + Child(ren)	$779.97	$768.76	$711.37	$700.16	$588.94	$577.73
Employee + Family	$1,183.55	$1,166.53	$1,078.95	$1,061.93	$891.73	$874.71

Exhibit B

RETIREE AND DEPENDENT PREMIUMS - MONTHLY

Effective January 1, 2018

	Anthem BC HDPPO $1,500 Anthem BC RX Anthem BC Mental Health VSP Vision	
Non-Medicare Retirees (Under Age 65)	Delta Dental DPPO	DeltaCare DHMO
Retiree Only	$942.27	$918.36
Retiree + Spouse	$1,652.04	$1,617.12
Retiree + Child(ren)	$1,461.05	$1,436.75
Retiree + Family	$2,167.65	$2,130.77

	Hartford / Benistar Express Scripts RX Hartford Mental Health VSP Vision		Kaiser Senior Adv. - High Kaiser RX Kaiser Mental Health Kaiser Vision		Kaiser Senior Adv. - Low Kaiser RX Kaiser Mental Health Kaiser Vision	
Medicare Retirees (Over Age 65)	Delta Dental DPPO	DeltaCare DHMO	Delta Dental DPPO	DeltaCare DHMO	Delta Dental DPPO	DeltaCare DHMO
Retiree Only	$624.23	$600.32	$403.81	$379.90	$372.87	$348.96
Retiree (M) + Spouse (M)	$1,210.32	$1,175.40	$770.74	$735.82	$708.86	$673.94

EXHIBIT C

Medical Renewal Rate Change Summary – Active and Pre-65 Retirees

Health Plan Option	Health Rate Change	Overall Rate Change
ACTIVE EMPLOYEES		
Anthem Blue Cross HMO/EPO	**+ 0.00%**	**+ 0.39%**
Anthem Blue Cross PPO $250	**+ 12.40%**	**+ 12.24%**
Anthem Blue Cross PPO $1,000	**+ 12.40%**	**+ 12.18%**
Anthem Blue Cross HDPPO $1,500	**+ 12.40%**	**+ 12.15%**
Anthem Blue Cross HDPPO $3,000	**+ 12.40%**	**+ 12.11%**
Kaiser HMO	**+ 0.00%**	**+ 0.39%**
PRE-65 NON-MEDICARE RETIREES		
Anthem Blue Cross HDPPO	**+ 12.40%**	**+ 12.02%**

Medical Renewal Rate Change Summary – Post-65 / Medicare Retirees

Health Plan Option	Health Rate Change	Overall Rate Change
Hartford / Express Scripts	**+ 7.62%**	**+ 7.35%**
Kaiser Senior Advantage – High	**+ 2.81%**	**+ 3.17%**
Kaiser Senior Advantage – Low	**+ 3.11%**	**+ 3.34%**

Dental Renewal Rate Change Summary

Dental Plan Option	Dental Rate Change
Delta Dental – DPPO	**+ 0.00%**
DeltaCare – DHMO	**+ 5.40%**

Vision Renewal Rate Change Summary

Vision Plan Option	Vision Rate Change
Vision Services Plan (VSP)	**+ 2.00%**

Exhibit D

Current Health Plans - Plan Design and Biweekly Medical Rates

	Kaiser HMO	Anthem HMO/EPO	Anthem PPO $250	Anthem PPO $1,000	Anthem HDPPO $1,500	Anthem HDPPO $3,000
Benefits:	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**
DEDUCTIBLE						
Per Individual	$0	$0	$250	$1,000	$1,500	$3,000
Per Family	$0	$0	$500	$2,000	$3,000	$6,000
OUT OF POCKET MAX						
Per Individual	$1,500	$1,000	$3,000	$4,000	$3,000	$3,000
Per Family	$3,000	$2,000	$5,000	$8,000	$5,000	$6,000
PREVENTATIVE SERVICES						
Adult Preventive Visits	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Routine Physical Exams (age 7 & older)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Well Baby Routine Physical Exams (birth to age 6)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
PHYSICIAN SERVICES						
Office Visits	$15	$15	$20	$45	20% after ded	N/C after ded
Lab and X-Rays	No Charge	No Charge	No Charge	No Charge	20% after ded	N/C after ded
OUTPATIENT SERVICES						
Surgery	$15	No Charge	No Charge	$250/surgery + 20%	20% after ded	N/C after ded
HOSPITALIZATION SERVICES						
Inpatient Services	No Charge	No Charge	No Charge	$1000/year + 20%	20% after ded	N/C after ded
EMERGENCY SERVICES	$100	$100	$100	$100 + 20%	20% after ded	N/C after ded
CHIROPRACTIC SERVICES	$10 30 Visits	$15 (60 days)	No charge 24 Visits	$25 12 visits	20% after ded 24 visits	N/C after ded 24 Visits
PRESCRIPTON DRUG						
Generic	$10	$10	$10	$10	20% after ded	N/C after ded
Brand	$20	$20	$20	$20	20% after ded	N/C after ded
Non-Formulary	N/A	$35	$35	$35	20% after ded	N/C after ded
2018 Biweekly Medical Rates						
Employee Only	$347.45	$365.32	$519.57	$385.73	$349.67	$285.71
Employee + Spouse	$619.56	$646.06	$1,090.67	$809.73	$734.01	$605.19
Employee + Child(ren)	$546.71	$570.19	$988.13	$733.60	$665.00	$542.57
Employee + Family	$818.15	$850.17	$1,506.76	$1,118.63	$1,014.03	$826.81