

Exhibit A

ACTIVE EMPLOYEE AND DEPENDENT PREMIUMS - BIWEEKLY

Effective Pay Period Beginning December 18, 2017

	Kaiser HMO		Anthem Blue Cross EPO		Anthem Blue Cross PPO \$250	
	Kaiser RX		EmpiRx		EmpiRx	
	Kaiser Mental Health		Anthem Mental Health		Anthem Mental Health	
	Kaiser Vision		VSP Vision		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		Anthem Blue Cross HDPPO \$1500		Anthem Blue Cross HDPPO \$3000	
	EmpiRx		EmpiRx		Anthem RX	
	Anthem Mental Health		Anthem Mental Health		Anthem Mental Health	
	VSP Vision		VSP Vision		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

Non-Medicare Retirees (Under Age 65)	Anthem BC HDPPO \$1,500	
	Anthem BC RX	
	Anthem BC Mental Health	
	VSP Vision	
	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

<div>Medicare Retirees (Over Age 65)</div> <div>Retiree Only</div> <div>Retiree (M) + Spouse (M)</div>	Hartford / Benistar		Kaiser Senior Adv. - High		Kaiser Senior Adv. - Low	
	Express Scripts RX		Kaiser RX		Kaiser RX	
	Hartford Mental Health		Kaiser Mental Health		Kaiser Mental Health	
	VSP Vision		Kaiser Vision		Kaiser Vision	
	Delta Dental DPPO	DeltaCare DHMO	Delta Dental DPPO	DeltaCare DHMO	Delta Dental DPPO	DeltaCare DHMO
	\$624.23	\$600.32	\$403.81	\$379.90	\$372.87	\$348.96
	\$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
PRESCRIPTION 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