

## **Exhibit A**

### **ACTIVE EMPLOYEE AND DEPENDENT PREMIUMS - BIWEEKLY**

**Effective Pay Period Beginning December 17, 2018**

|                       |                      |                   |                       |                   |                             |                   |
|-----------------------|----------------------|-------------------|-----------------------|-------------------|-----------------------------|-------------------|
|                       | 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<br>DPPO | DeltaCare<br>DHMO | Delta Dental<br>DPPO  | DeltaCare<br>DHMO | Delta Dental<br>DPPO        | DeltaCare<br>DHMO |
| Employee Only         | \$400.53             | \$389.50          | \$416.97              | \$405.94          | \$579.70                    | \$568.67          |
| Employee + Spouse     | \$702.50             | \$686.38          | \$731.30              | \$715.18          | \$1,200.37                  | \$1,184.25        |
| Employee + Child(ren) | \$621.01             | \$609.80          | \$646.37              | \$635.16          | \$1,087.30                  | \$1,076.09        |
| Employee + Family     | \$922.46             | \$905.44          | \$960.17              | \$943.15          | \$1,652.87                  | \$1,635.85        |

  

|                       |                              |                   |                                |                   |                                |                   |
|-----------------------|------------------------------|-------------------|--------------------------------|-------------------|--------------------------------|-------------------|
|                       | Anthem Blue Cross PPO \$1000 |                   | Anthem Blue Cross HDPPO \$1500 |                   | Anthem Blue Cross HDPPO \$3000 |                   |
|                       | EmpiRx                       |                   | Anthem RX                      |                   | Anthem RX                      |                   |
|                       | Anthem Mental Health         |                   | Anthem Mental Health           |                   | Anthem Mental Health           |                   |
|                       | VSP Vision                   |                   | VSP Vision                     |                   | VSP Vision                     |                   |
|                       | Delta Dental<br>DPPO         | DeltaCare<br>DHMO | Delta Dental<br>DPPO           | DeltaCare<br>DHMO | Delta Dental<br>DPPO           | DeltaCare<br>DHMO |
| Employee Only         | \$438.50                     | \$427.47          | \$400.45                       | \$389.42          | \$332.98                       | \$321.95          |
| Employee + Spouse     | \$903.97                     | \$887.85          | \$824.09                       | \$807.97          | \$688.18                       | \$672.06          |
| Employee + Child(ren) | \$818.76                     | \$807.55          | \$746.40                       | \$735.19          | \$617.23                       | \$606.02          |
| Employee + Family     | \$1,243.39                   | \$1,226.37        | \$1,133.04                     | \$1,116.02        | \$935.52                       | \$918.50          |

## Exhibit B

## RETIREE AND DEPENDENT PREMIUMS - MONTHLY

**Effective January 1, 2019**

|   |                         |                   |
|---|-------------------------|-------------------|
| <b>Non-Medicare Retirees<br/>(Under Age 65)</b> | Anthem BC HDPPO \$1,500 |                   |
|   | Anthem BC RX            |                   |
|   | Anthem BC Mental Health |                   |
|   | VSP Vision              |                   |
|   | Delta Dental<br>DPPO    | DeltaCare<br>DHMO |
|   | Retiree Only            | \$987.73          |
| Retiree + Spouse                                | \$1,733.43              | \$1,698.51        |
| Retiree + Child(ren)                            | \$1,532.52              | \$1,508.22        |
| Retiree + Family                                | \$2,275.53              | \$2,238.65        |

| Medicare Retirees<br>(Over Age 65) | 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<br>DPPO   | DeltaCare<br>DHMO | Delta<br>Dental           | DeltaCare<br>DHMO | Delta<br>Dental          | DeltaCare<br>DHMO |
| Retiree Only                       | \$617.08               | \$593.17          | \$411.19                  | \$387.28          | \$333.57                 | \$309.66          |
| Retiree (M) + Spouse (M)           | \$1,197.45             | \$1,162.53        | \$787.22                  | \$752.30          | \$631.98                 | \$597.06          |

## EXHIBIT C

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

| Health Plan Option                  | Health Rate Change | Overall Rate Change |
|-------------------------------------|--------------------|---------------------|
| <b>ACTIVE EMPLOYEES</b>             |                    |                     |
| Anthem Blue Cross EPO               | + 5.50%            | + 4.96%             |
| Anthem Blue Cross PPO \$250         | + 5.50%            | + 5.16%             |
| Anthem Blue Cross PPO \$1,000       | + 5.50%            | + 5.05%             |
| Anthem Blue Cross HDPPO \$1,500     | + 5.50%            | + 5.00%             |
| Anthem Blue Cross HDPPO \$3,000     | + 5.50%            | + 4.91%             |
| Kaiser HMO                          | + 5.51%            | + 4.87%             |
| <b>PRE-65 NON-MEDICARE RETIREES</b> |                    |                     |
| Anthem Blue Cross HDPPO             | + 5.50%            | + 5.00%             |

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

| Health Plan Option             | Health Rate Change | Overall Rate Change |
|--------------------------------|--------------------|---------------------|
| Hartford / Express Scripts     | - 2.00%            | - 1.14%             |
| Kaiser Senior Advantage – High | + 2.90%            | + 6.32%             |
| Kaiser Senior Advantage – Low  | - 12.36%           | - 11.34%            |

### Dental Renewal Rate Change Summary

| Dental Plan Option  | Dental Rate Change |
|---------------------|--------------------|
| Delta Dental – DPPO | + 0.00%            |
| DeltaCare – DHMO    | + 0.00%            |

### Vision Renewal Rate Change Summary

| Vision Plan Option         | Vision Rate Change |
|----------------------------|--------------------|
| Vision Services Plan (VSP) | + 0.00%            |

## Exhibit D

### Current Health Plans - Plan Design and Biweekly Medical Rates

|   | Kaiser HMO     | Anthem 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              |
| <b>DEDUCTIBLE</b>                                 |                |                |                     |                     |                         |                         |
| Per Individual                                    | \$0            | \$0            | \$250               | \$1,000             | \$1,500                 | \$3,000                 |
| Per Family  | \$0            | \$0            | \$500               | \$2,000             | \$3,000                 | \$6,000                 |
| <b>OUT OF POCKET MAX</b>                          |                |                |                     |                     |                         |                         |
| 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                 |
| <b>PREVENTATIVE SERVICES</b>                      |                |                |                     |                     |                         |                         |
| 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               |
| <b>PHYSICIAN SERVICES</b>                         |                |                |                     |                     |                         |                         |
| 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           |
| <b>OUTPATIENT SERVICES</b>                        |                |                |                     |                     |                         |                         |
| Surgery   | \$15           | No Charge      | No Charge           | \$250/surgery + 20% | 20% after ded           | N/C after ded           |
| <b>HOSPITALIZATION SERVICES</b>                   |                |                |                     |                     |                         |                         |
| Inpatient Services                                | No Charge      | No Charge      | No Charge           | \$1000/year + 20%   | 20% after ded           | N/C after ded           |
| <b>EMERGENCY SERVICES</b>                         | \$100          | \$100          | \$100               | \$100 + 20%         | 20% after ded           | N/C after ded           |
| <b>CHIROPRACTIC SERVICES</b>                      | \$10 30 Visits | \$10 40 Visits | No charge 24 Visits | \$25 12 visits      | 20% after ded 24 visits | N/C after ded 24 Visits |
| <b>PRESCRIPTION DRUG</b>                          |                |                |                     |                     |                         |                         |
| 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           |
| <b>2019 Biweekly Medical Rates</b>                |                |                |                     |                     |                         |                         |
| Employee Only                                     | \$366.59       | \$385.42       | \$548.15            | \$406.95            | \$368.90                | \$301.43                |
| Employee + Spouse                                 | \$653.22       | \$681.60       | \$1,150.67          | \$854.27            | \$774.39                | \$638.48                |
| Employee + Child(ren)                             | \$576.49       | \$601.56       | \$1,042.49          | \$773.95            | \$701.59                | \$572.42                |
| Employee + Family                                 | \$862.41       | \$896.94       | \$1,589.64          | \$1,180.16          | \$1,069.81              | \$872.29                |