



2016 Plan Year Health & Welfare Benefit Semi-Monthly (per pay period) Rate Sheet

	<i>Employee Only</i>	<i>Employee + Spouse**</i>	<i>Employee + Child(ren)</i>	<i>Family**</i>
Medical Coverage (Blue Cross Blue Shield of IL)				
<i>Premier PPO</i>				
<i>Under \$35,000</i>	\$60.21	\$126.43	\$102.35	\$186.64
<i>Between \$35,001 - \$75,000</i>	\$65.02	\$136.55	\$110.54	\$201.57
<i>Between \$75,001 - \$100,000</i>	\$69.84	\$146.65	\$118.72	\$216.49
<i>Between \$100,001 - \$150,000</i>	\$74.65	\$156.77	\$126.91	\$231.43
<i>Over \$150,000</i>	\$79.47	\$166.89	\$135.10	\$246.36

	<i>Employee Only</i>	<i>Employee + Spouse**</i>	<i>Employee + Child(ren)</i>	<i>Family**</i>
<i>Standard PPO</i>				
<i>Under \$35,000</i>	\$34.75	\$72.96	\$59.07	\$107.71
<i>Between \$35,001 - \$75,000</i>	\$39.63	\$83.23	\$67.38	\$122.86
<i>Between \$75,001 - \$100,000</i>	\$44.51	\$93.48	\$75.67	\$137.99
<i>Between \$100,001 - \$150,000</i>	\$49.40	\$103.74	\$83.98	\$153.14
<i>Over \$150,000</i>	\$54.29	\$114.01	\$92.29	\$168.30

	<i>Employee Only</i>	<i>Employee + Spouse**</i>	<i>Employee + Child(ren)</i>	<i>Family**</i>
<i>Health Savings Account Plan PPO</i>				
<i>Under \$35,000</i>	\$23.97	\$50.33	\$40.75	\$74.30
<i>Between \$35,001 - \$75,000</i>	\$28.79	\$60.45	\$48.93	\$89.23
<i>Between \$75,001 - \$100,000</i>	\$33.60	\$70.55	\$57.12	\$104.15
<i>Between \$100,001 - \$150,000</i>	\$38.41	\$80.67	\$65.31	\$119.09
<i>Over \$150,000</i>	\$43.23	\$90.79	\$73.50	\$134.02

	<i>Employee Only</i>	<i>Employee + Spouse</i>	<i>Employee + Child(ren)</i>	<i>Family</i>
Dental Coverage (Delta Dental of NY)				
<i>Basic Plan</i>	\$4.07	\$8.50	\$6.91	\$12.61
<i>Comprehensive</i>	\$6.14	\$12.83	\$10.44	\$19.04
Vision Coverage (VSP)				
<i>Base Plan</i>	\$3.90	\$8.21	\$6.64	\$12.11
<i>Buy-Up Plan</i>	\$5.98	\$12.56	\$10.16	\$18.53

MetLaw Group Legal Plan	\$7.88
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Employee Supplemental Life Insurance (price per \$1,000 of Coverage) - Securian												
Age	Under25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	Over74
Premium	\$0.019	\$0.019	\$0.019	\$0.027	\$0.030	\$0.045	\$0.075	\$0.120	\$0.162	\$0.222	\$0.330	\$0.330
Spouse Life Insurance (price per \$1,000 of Coverage) - Securian												
Age	Under25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	Over74
Premium	\$0.021	\$0.021	\$0.021	\$0.029	\$0.037	\$0.054	\$0.091	\$0.141	\$0.190	\$0.260	\$0.392	\$0.392
Child Life Insurance												
Securian				Option 1 (\$5,000) - \$0.33					Option 2 (\$10,000) - \$0.65			
Optional AD&D (price per \$1,000 of Coverage)												
Securian				Premium per \$1000 of covered volume								
				EE Only					\$0.008			
				EE + Family					\$0.012			
Optional LTD (premium per \$100 of covered payroll)												
Hartford				Optional LTD					\$0.069			

**If applicable, a \$50 spousal surcharge will be applied via Payroll on a post-tax basis