

HEALTH INSURANCE PREMIUMS

Major Medical (includes 15K Life Insurance)

| | Employee/ Only | Employee/ Spouse | Employee/ Child(ren) | Employee/ Family |
|---|-------------------|---------------------|-------------------------|---------------------|
| (MEC Plan) | | | | |
| Monthly Cost per employee | 0.00 | 155.00 | 155.00 | 155.00 |
| (MEC Plan) Employee Cost per Payday (Bi-weekly) | 0.00 | 71.54 | 71.54 | 71.54 |
| (Standard Plan) | | | | |
| Monthly Cost per employee | 175.50 | 405.17 | 405.17 | 405.17 |
| (Standard Plan) Employee Cost per Payday (Bi-weekly) | 81.00 | 187.00 | 187.00 | 187.00 |
| (Buy Up Plan) | | | | |
| Monthly Cost per employee | 208.00 | 481.00 | 481.00 | 481.00 |
| (Buy Up Plan) Employee Cost per Payday (Bi-weekly) | 96.00 | 222.00 | 222.00 | 222.00 |

These prices are in effect for 01-01-2019 thru 12-31-2019

Estimated costs* for COBRA participants for the 2019 year:

Employee rate MEC plan \$75.00 per month

Employee/Family rate MEC plan \$230 per month

Employee rate Premium plan \$638.52 per month

Employee/Family rate Premium plan \$1,518.40 per month

*Note: a 2% administrative fee will be added to the COBRA rates listed.