Medical Contributions: Aetna

Non-Tobacco Rates	Aetna HDHP		Aetna \$30 Copay	
	Per	Increase/	Per	Increase/
	Period	(Decrease)	Pay Period	(Decrease)
Employee Only	\$18.06	\$0.00	\$64.90	\$1.27
Employee + Spouse	\$45.54	\$0.00	\$163.66	\$3.20
Employee + Child(ren)	\$36.29	\$0.00	\$130.44	\$2.55
Employee + Family	\$62.62	\$0.00	\$225.08	\$4.43

Tobacco Rates	Aetna HDHP		Aetna \$30 Copay	
	Per	Increase/	Per	Increase/
	Period	(Decrease)	Pay Period	(Decrease)
Employee Only	\$40.68	\$0.00	\$87.51	\$1.27
Employee + Spouse	\$68.16	\$0.00	\$186.28	\$3.20
Employee + Child(ren)	\$58.91	\$0.00	\$153.05	\$2.55
Employee + Family	\$85.24	\$0.00	\$247.70	\$4.44

Medical Contributions: Kaiser (California Only)

Kaiser	No Cal		So Cal	
	Per	Increase/	Per	Increase/
	Period	(Decrease)	Pay Period	(Decrease)
Employee Only	\$72.21	\$0.00	\$53.16	\$3.93
Employee + Spouse	\$151.63	\$0.00	\$111.65	\$8.24
Employee + Child(ren)	\$137.19	\$0.00	\$101.02	\$7.46
Employee + Family	\$216.62	\$0.00	\$159.50	\$11.77

Dental & Vision Contributions

UNUM Dental	Basic		Buy-Up	
	Per	Increase/	Per	Increase/
	Period	(Decrease)	Pay Period	(Decrease)
Employee Only	\$5.29	\$0.00	\$6.84	\$0.00
Employee + Spouse	\$10.48	\$0.00	\$13.92	\$0.00
Employee + Child(ren)	\$11.53	\$0.00	\$15.76	\$0.00
Employee + Family	\$18.04	\$0.00	\$24.47	\$0.00

Vision	MetLife		
	Per	Increase/	
	Period	(Decrease)	
Employee Only	\$1.50	\$0.10	
Employee + Spouse	\$3.00	\$0.19	
Employee + Child(ren)	\$2.55	\$0.17	
Employee + Family	\$4.19	\$0.27	