

July 2012 - June 2013 Bi-Weekly Employee (Non-SLEOLA) Premium Rates for Medical Coverage

| | | Active Only | Active & Spouse | Active & Child, no GC/LWs | Active & Child, with one GC/LWs | Active & Family, with no GC/LW | Active & Family, with one GC/LW | Active & Family, with two GC/LW | Active & Family, with 3+ GC/LW | Active + Domestic Partner | Active & Child + Domestic Partner, with no GC/LW | Active & Child + Domestic Partner, with one GC/LW | Active + Domestic Partner & DP's Child* | Active & Family + Partner & Domestic Partner's Family |
|----------------------|----------------|-------------|-----------------|---------------------------|---------------------------------|--------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------|--|---|---|---|
| UHC POS | Pre-Tax Rate | \$33.99 | \$61.18 | \$61.18 | \$27.19 | \$84.97 | \$50.99 | \$23.80 | \$0.00 | \$27.19 | \$50.99 | \$23.80 | \$23.80 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$33.99 | \$0.00 | \$33.99 | \$61.18 | \$84.97 | \$33.99 | \$33.99 | \$61.18 | \$61.18 | \$84.97 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$165.94 | \$0.00 | \$165.94 | \$298.68 | \$414.85 | \$165.94 | \$165.94 | \$298.68 | \$298.68 | \$414.85 |
| Aetna POS | Pre-Tax Rate | \$33.46 | \$60.22 | \$60.22 | \$26.76 | \$83.63 | \$50.18 | \$23.42 | \$0.00 | \$26.76 | \$50.18 | \$23.42 | \$23.42 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$33.46 | \$0.00 | \$33.46 | \$60.22 | \$83.63 | \$33.46 | \$33.46 | \$60.22 | \$60.22 | \$83.63 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$163.34 | \$0.00 | \$163.34 | \$294.01 | \$408.33 | \$163.34 | \$163.34 | \$294.01 | \$294.01 | \$408.33 |
| CareFirst POS | Pre-Tax Rate | \$31.97 | \$57.54 | \$57.54 | \$25.57 | \$79.91 | \$47.95 | \$22.38 | \$0.00 | \$25.57 | \$47.95 | \$22.38 | \$22.38 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$31.97 | \$0.00 | \$31.97 | \$57.54 | \$79.91 | \$31.97 | \$31.97 | \$57.54 | \$57.54 | \$79.91 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$156.06 | \$0.00 | \$156.06 | \$280.91 | \$390.14 | \$156.06 | \$156.06 | \$280.91 | \$280.91 | \$390.14 |
| CareFirst PPO | Pre-Tax Rate | \$46.27 | \$83.29 | \$83.29 | \$37.02 | \$115.68 | \$69.41 | \$32.39 | \$0.00 | \$37.02 | \$69.41 | \$32.39 | \$32.39 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$46.27 | \$0.00 | \$46.27 | \$83.29 | \$115.68 | \$46.27 | \$46.27 | \$83.29 | \$83.29 | \$115.68 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$185.08 | \$0.00 | \$185.08 | \$333.14 | \$462.71 | \$185.08 | \$185.08 | \$333.14 | \$333.14 | \$462.71 |
| UHC PPO | Pre-Tax Rate | \$44.48 | \$80.07 | \$80.07 | \$35.59 | \$111.21 | \$66.73 | \$31.14 | \$0.00 | \$35.59 | \$66.73 | \$31.14 | \$31.14 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$44.48 | \$0.00 | \$44.48 | \$80.07 | \$111.21 | \$44.48 | \$44.48 | \$80.07 | \$80.07 | \$111.21 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$177.93 | \$0.00 | \$177.93 | \$320.27 | \$444.83 | \$177.93 | \$177.93 | \$320.27 | \$320.27 | \$444.83 |
| CareFirst EPO | Pre-Tax Rate | \$27.74 | \$58.21 | \$58.21 | \$30.48 | \$72.11 | \$44.38 | \$13.90 | \$0.00 | \$30.48 | \$44.38 | \$13.90 | \$13.90 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$27.74 | \$0.00 | \$27.74 | \$58.21 | \$72.11 | \$27.74 | \$27.74 | \$58.21 | \$58.21 | \$72.11 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$157.18 | \$0.00 | \$157.18 | \$329.85 | \$408.64 | \$157.18 | \$157.18 | \$329.85 | \$329.85 | \$408.64 |
| Aetna EPO | Pre-Tax Rate | \$27.89 | \$55.77 | \$55.77 | \$27.88 | \$69.84 | \$41.96 | \$14.08 | \$0.00 | \$27.88 | \$41.96 | \$14.08 | \$14.08 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$27.89 | \$0.00 | \$27.89 | \$55.77 | \$69.84 | \$27.89 | \$27.89 | \$55.77 | \$55.77 | \$69.84 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$158.01 | \$0.00 | \$158.01 | \$316.01 | \$395.76 | \$158.01 | \$158.01 | \$316.01 | \$316.01 | \$395.76 |
| UHC EPO | Pre-Tax Rate | \$28.70 | \$59.69 | \$59.69 | \$30.99 | \$71.17 | \$42.47 | \$11.48 | \$0.00 | \$30.99 | \$42.47 | \$11.48 | \$11.48 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$28.70 | \$0.00 | \$28.70 | \$59.69 | \$71.17 | \$28.70 | \$28.70 | \$59.69 | \$59.69 | \$71.17 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$162.62 | \$0.00 | \$162.62 | \$338.21 | \$403.27 | \$162.62 | \$162.62 | \$338.21 | \$338.21 | \$403.27 |

* DP = Domestic Partner, GC = Grandchild, LW = Legal Ward

July 2012 - June 2013 Bi-Weekly Employee (SLEOLA) Premium Rates for Medical Coverage

| | | Active Only | Active & Spouse | Active & Child, no GC/LWs | Active & Child, with one GC/LWs | Active & Family, with no GC/LW | Active & Family, with one GC/LW | Active & Family, with two GC/LW | Active & Family, with 3+ GC/LW | Active + Domestic Partner | Active & Child + Domestic Partner, with no GC/LW | Active & Child + Domestic Partner, with one GC/LW | Active + Domestic Partner & DP's Child* | Active & Family + Domestic Partner & Domestic Partner's Family |
|----------------------|----------------|-------------|-----------------|---------------------------|---------------------------------|--------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------|--|---|---|--|
| UHC POS | Pre-Tax Rate | \$46.58 | \$83.84 | \$83.84 | \$37.26 | \$116.46 | \$69.88 | \$32.62 | \$0.00 | \$37.26 | \$69.88 | \$32.62 | \$32.62 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$46.58 | \$0.00 | \$46.58 | \$83.84 | \$116.46 | \$46.58 | \$46.58 | \$83.84 | \$83.84 | \$116.46 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$165.15 | \$0.00 | \$165.15 | \$297.26 | \$412.88 | \$165.15 | \$165.15 | \$297.26 | \$297.26 | \$412.88 |
| Aetna POS | Pre-Tax Rate | \$45.85 | \$82.53 | \$82.53 | \$36.68 | \$114.62 | \$68.77 | \$32.09 | \$0.00 | \$36.68 | \$68.77 | \$32.09 | \$32.09 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$45.85 | \$0.00 | \$45.85 | \$82.53 | \$114.62 | \$45.85 | \$45.85 | \$82.53 | \$82.53 | \$114.62 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$162.57 | \$0.00 | \$162.57 | \$292.61 | \$406.39 | \$162.57 | \$162.57 | \$292.61 | \$292.61 | \$406.39 |
| CareFirst POS | Pre-Tax Rate | \$43.81 | \$78.86 | \$78.86 | \$35.05 | \$109.52 | \$65.71 | \$30.66 | \$0.00 | \$35.05 | \$65.71 | \$30.66 | \$30.66 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$43.81 | \$0.00 | \$43.81 | \$78.86 | \$109.52 | \$43.81 | \$43.81 | \$78.86 | \$78.86 | \$109.52 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$155.32 | \$0.00 | \$155.32 | \$279.57 | \$388.29 | \$155.32 | \$155.32 | \$279.57 | \$279.57 | \$388.29 |
| CareFirst PPO | Pre-Tax Rate | \$61.25 | \$110.25 | \$110.25 | \$49.00 | \$153.14 | \$91.89 | \$42.89 | \$0.00 | \$49.00 | \$91.89 | \$42.89 | \$42.89 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$61.25 | \$0.00 | \$61.25 | \$110.25 | \$153.14 | \$61.25 | \$61.25 | \$110.25 | \$110.25 | \$153.14 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$183.76 | \$0.00 | \$183.76 | \$330.76 | \$459.41 | \$183.76 | \$183.76 | \$330.76 | \$330.76 | \$459.41 |
| UHC PPO | Pre-Tax Rate | \$58.89 | \$105.99 | \$105.99 | \$47.11 | \$147.22 | \$88.34 | \$41.23 | \$0.00 | \$47.11 | \$88.34 | \$41.23 | \$41.23 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$58.89 | \$0.00 | \$58.89 | \$105.99 | \$147.22 | \$58.89 | \$58.89 | \$105.99 | \$105.99 | \$147.22 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$176.65 | \$0.00 | \$176.65 | \$317.98 | \$441.66 | \$176.65 | \$176.65 | \$317.98 | \$317.98 | \$441.66 |
| CareFirst EPO | Pre-Tax Rate | \$37.16 | \$77.97 | \$77.97 | \$40.82 | \$96.60 | \$59.44 | \$18.63 | \$0.00 | \$40.82 | \$59.44 | \$18.63 | \$18.63 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$37.16 | \$0.00 | \$37.16 | \$77.97 | \$96.60 | \$37.16 | \$37.16 | \$77.97 | \$77.97 | \$96.60 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$148.61 | \$0.00 | \$148.61 | \$311.88 | \$386.38 | \$148.61 | \$148.61 | \$311.88 | \$311.88 | \$386.38 |
| Aetna EPO | Pre-Tax Rate | \$37.35 | \$74.70 | \$74.70 | \$37.35 | \$93.55 | \$56.20 | \$18.85 | \$0.00 | \$37.35 | \$56.20 | \$18.85 | \$18.85 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$37.35 | \$0.00 | \$37.35 | \$74.70 | \$93.55 | \$37.35 | \$37.35 | \$74.70 | \$74.70 | \$93.55 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$149.40 | \$0.00 | \$149.40 | \$298.79 | \$374.20 | \$149.40 | \$149.40 | \$298.79 | \$298.79 | \$374.20 |
| UHC EPO | Pre-Tax Rate | \$38.44 | \$79.95 | \$79.95 | \$41.51 | \$95.33 | \$56.89 | \$15.38 | \$0.00 | \$41.51 | \$56.89 | \$15.38 | \$15.38 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$38.44 | \$0.00 | \$38.44 | \$79.95 | \$95.33 | \$38.44 | \$38.44 | \$79.95 | \$79.95 | \$95.33 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$153.76 | \$0.00 | \$153.76 | \$319.78 | \$381.30 | \$153.76 | \$153.76 | \$319.78 | \$319.78 | \$381.30 |

* DP = Domestic Partner, GC = Grandchild, LW = Legal Ward

July 2012 - June 2013 Monthly Employee (Non-SLEOLA) Premium Rates for Medical Coverage

| | | Active Only | Active & Spouse | Active & Child, no GC/LWs | Active & Child, with one GC/LWs | Active & Family, with no GC/LWs | Active & Family, with one GC/LW | Active & Family, with two GC/LWs | Active & Family, with 3+ GC/LWs | Active + Domestic Partner | Active & Domestic Partner, with no GC/LWs | Active & Child + Domestic Partner, with one GC/LW | Active + Domestic Partner & DP's Child* | Active & Family + Domestic Partner & Domestic Partner's Family |
|----------------------|----------------|-------------|-----------------|---------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|---------------------------|---|---|---|--|
| UHC POS | Pre-Tax Rate | \$67.97 | \$122.35 | \$122.35 | \$54.38 | \$169.94 | \$101.97 | \$47.59 | \$0.00 | \$54.38 | \$101.97 | \$47.59 | \$47.59 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$67.97 | \$0.00 | \$67.97 | \$122.35 | \$169.94 | \$67.97 | \$67.97 | \$122.35 | \$122.35 | \$169.94 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$331.88 | \$0.00 | \$331.88 | \$597.35 | \$829.70 | \$331.88 | \$331.88 | \$597.35 | \$597.35 | \$829.70 |
| Aetna POS | Pre-Tax Rate | \$66.91 | \$120.43 | \$120.43 | \$53.52 | \$167.26 | \$100.35 | \$46.83 | \$0.00 | \$53.52 | \$100.35 | \$46.83 | \$46.83 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$66.91 | \$0.00 | \$66.91 | \$120.43 | \$167.26 | \$66.91 | \$66.91 | \$120.43 | \$120.43 | \$167.26 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$326.68 | \$0.00 | \$326.68 | \$588.01 | \$816.65 | \$326.68 | \$326.68 | \$588.01 | \$588.01 | \$816.65 |
| CareFirst POS | Pre-Tax Rate | \$63.93 | \$115.07 | \$115.07 | \$51.14 | \$159.82 | \$95.89 | \$44.75 | \$0.00 | \$51.14 | \$95.89 | \$44.75 | \$44.75 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$63.93 | \$0.00 | \$63.93 | \$115.07 | \$159.82 | \$63.93 | \$63.93 | \$115.07 | \$115.07 | \$159.82 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$312.11 | \$0.00 | \$312.11 | \$561.81 | \$780.27 | \$312.11 | \$312.11 | \$561.81 | \$561.81 | \$780.27 |
| CareFirst PPO | Pre-Tax Rate | \$92.54 | \$166.57 | \$166.57 | \$74.03 | \$231.35 | \$138.81 | \$64.78 | \$0.00 | \$74.03 | \$138.81 | \$64.78 | \$64.78 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$92.54 | \$0.00 | \$92.54 | \$166.57 | \$231.35 | \$92.54 | \$92.54 | \$166.57 | \$166.57 | \$231.35 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$370.16 | \$0.00 | \$370.16 | \$666.27 | \$925.42 | \$370.16 | \$370.16 | \$666.27 | \$666.27 | \$925.42 |
| UHC PPO | Pre-Tax Rate | \$88.96 | \$160.13 | \$160.13 | \$71.17 | \$222.41 | \$133.45 | \$62.28 | \$0.00 | \$71.17 | \$133.45 | \$62.28 | \$62.28 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$88.96 | \$0.00 | \$88.96 | \$160.13 | \$222.41 | \$88.96 | \$88.96 | \$160.13 | \$160.13 | \$222.41 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$355.85 | \$0.00 | \$355.85 | \$640.53 | \$889.66 | \$355.85 | \$355.85 | \$640.53 | \$640.53 | \$889.66 |
| CareFirst EPO | Pre-Tax Rate | \$55.47 | \$116.42 | \$116.42 | \$60.95 | \$144.22 | \$88.75 | \$27.80 | \$0.00 | \$60.95 | \$88.75 | \$27.80 | \$27.80 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$55.47 | \$0.00 | \$55.47 | \$116.42 | \$144.22 | \$55.47 | \$55.47 | \$116.42 | \$116.42 | \$144.22 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$314.36 | \$0.00 | \$314.36 | \$659.69 | \$817.28 | \$314.36 | \$314.36 | \$659.69 | \$659.69 | \$817.28 |
| Aetna EPO | Pre-Tax Rate | \$55.77 | \$111.53 | \$111.53 | \$55.76 | \$139.68 | \$83.91 | \$28.15 | \$0.00 | \$55.76 | \$83.91 | \$28.15 | \$28.15 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$55.77 | \$0.00 | \$55.77 | \$111.53 | \$139.68 | \$55.77 | \$55.77 | \$111.53 | \$111.53 | \$139.68 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$316.01 | \$0.00 | \$316.01 | \$632.02 | \$791.52 | \$316.01 | \$316.01 | \$632.02 | \$632.02 | \$791.52 |
| UHC EPO | Pre-Tax Rate | \$57.40 | \$119.37 | \$119.37 | \$61.97 | \$142.33 | \$84.93 | \$22.96 | \$0.00 | \$61.97 | \$84.93 | \$22.96 | \$22.96 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$57.40 | \$0.00 | \$57.40 | \$119.37 | \$142.33 | \$57.40 | \$57.40 | \$119.37 | \$119.37 | \$142.33 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$325.24 | \$0.00 | \$325.24 | \$676.41 | \$806.53 | \$325.24 | \$325.24 | \$676.41 | \$676.41 | \$806.53 |

* DP = Domestic Partner, GC = Grandchild, LW = Legal Ward

July 2012 - June 2013 Monthly Employee (SLEOLA) Premium Rates for Medical Coverage

| | | Active Only | Active & Spouse | Active & Child, no GC/LWs | Active & Child, with one GC/LWs | Active & Family, with no GC/LWs | Active & Family, with one GC/LW | Active & Family, with two GC/LWs | Active & Family, with 3+ GC/LWs | Active + Domestic Partner | Active & Domestic Partner, with no GC/LWs | Active & Domestic Partner, with one GC/LW | Active + Domestic Partner & DP's Child* | Active & Domestic Partner & Domestic Partner's Family |
|----------------------|----------------|-------------|-----------------|---------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|---------------------------|---|---|---|---|
| UHC POS | Pre-Tax Rate | \$93.16 | \$167.68 | \$167.68 | \$74.52 | \$232.91 | \$139.75 | \$65.23 | \$0.00 | \$74.52 | \$139.75 | \$65.23 | \$65.23 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$93.16 | \$0.00 | \$93.16 | \$167.68 | \$232.91 | \$93.16 | \$93.16 | \$167.68 | \$167.68 | \$232.91 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$330.30 | \$0.00 | \$330.30 | \$594.51 | \$825.76 | \$330.30 | \$330.30 | \$594.51 | \$594.51 | \$825.76 |
| Aetna POS | Pre-Tax Rate | \$91.70 | \$165.06 | \$165.06 | \$73.36 | \$229.24 | \$137.54 | \$64.18 | \$0.00 | \$73.36 | \$137.54 | \$64.18 | \$64.18 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$91.70 | \$0.00 | \$91.70 | \$165.06 | \$229.24 | \$91.70 | \$91.70 | \$165.06 | \$165.06 | \$229.24 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$325.13 | \$0.00 | \$325.13 | \$585.21 | \$812.78 | \$325.13 | \$325.13 | \$585.21 | \$585.21 | \$812.78 |
| CareFirst POS | Pre-Tax Rate | \$87.61 | \$157.71 | \$157.71 | \$70.10 | \$219.03 | \$131.42 | \$61.32 | \$0.00 | \$70.10 | \$131.42 | \$61.32 | \$61.32 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$87.61 | \$0.00 | \$87.61 | \$157.71 | \$219.03 | \$87.61 | \$87.61 | \$157.71 | \$157.71 | \$219.03 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$310.63 | \$0.00 | \$310.63 | \$559.14 | \$776.58 | \$310.63 | \$310.63 | \$559.14 | \$559.14 | \$776.58 |
| CareFirst PPO | Pre-Tax Rate | \$122.50 | \$220.50 | \$220.50 | \$98.00 | \$306.27 | \$183.77 | \$85.77 | \$0.00 | \$98.00 | \$183.77 | \$85.77 | \$85.77 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$122.50 | \$0.00 | \$122.50 | \$220.50 | \$306.27 | \$122.50 | \$122.50 | \$220.50 | \$220.50 | \$306.27 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$367.51 | \$0.00 | \$367.51 | \$661.51 | \$918.81 | \$367.51 | \$367.51 | \$661.51 | \$661.51 | \$918.81 |
| UHC PPO | Pre-Tax Rate | \$117.77 | \$211.98 | \$211.98 | \$94.21 | \$294.44 | \$176.67 | \$82.46 | \$0.00 | \$94.21 | \$176.67 | \$82.46 | \$82.46 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$117.77 | \$0.00 | \$117.77 | \$211.98 | \$294.44 | \$117.77 | \$117.77 | \$211.98 | \$211.98 | \$294.44 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$353.30 | \$0.00 | \$353.30 | \$635.95 | \$883.31 | \$353.30 | \$353.30 | \$635.95 | \$635.95 | \$883.31 |
| CareFirst EPO | Pre-Tax Rate | \$74.31 | \$155.94 | \$155.94 | \$81.63 | \$193.19 | \$118.88 | \$37.25 | \$0.00 | \$81.63 | \$118.88 | \$37.25 | \$37.25 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$74.31 | \$0.00 | \$74.31 | \$155.94 | \$193.19 | \$74.31 | \$74.31 | \$155.94 | \$155.94 | \$193.19 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$297.22 | \$0.00 | \$297.22 | \$623.75 | \$772.75 | \$297.22 | \$297.22 | \$623.75 | \$623.75 | \$772.75 |
| Aetna EPO | Pre-Tax Rate | \$74.70 | \$149.40 | \$149.40 | \$74.70 | \$187.10 | \$112.40 | \$37.70 | \$0.00 | \$74.70 | \$112.40 | \$37.70 | \$37.70 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$74.70 | \$0.00 | \$74.70 | \$149.40 | \$187.10 | \$74.70 | \$74.70 | \$149.40 | \$149.40 | \$187.10 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$298.79 | \$0.00 | \$298.79 | \$597.58 | \$748.40 | \$298.79 | \$298.79 | \$597.58 | \$597.58 | \$748.40 |
| UHC EPO | Pre-Tax Rate | \$76.88 | \$159.89 | \$159.89 | \$83.01 | \$190.65 | \$113.77 | \$30.76 | \$0.00 | \$83.01 | \$113.77 | \$30.76 | \$30.76 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$76.88 | \$0.00 | \$76.88 | \$159.89 | \$190.65 | \$76.88 | \$76.88 | \$159.89 | \$159.89 | \$190.65 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$307.52 | \$0.00 | \$307.52 | \$639.56 | \$762.59 | \$307.52 | \$307.52 | \$639.56 | \$639.56 | \$762.59 |

* DP = Domestic Partner, GC = Grandchild, LW = Legal Ward

July 2012 - June 2013 Monthly Employee Premium Rates for Prescription Drug Coverage Active Non-SLEOLA

| | Active Only | Active & Spouse | Active & Child, no GC/LWs | Active & Child, with one GC/LW | Active & Family, with no GC/LWs | Active & Family, with one GC/LW | Active & Family, with two GC/LWs | Active & Family, with 3+ GC/LW | Active + Domestic Partner | Active & Domestic Partner, with no GC/LWs | Active & Domestic Partner, with one GC/LW | Active + Domestic Partner & DP's Child* | Active & Family + Domestic Partner & Domestic Partner's Family |
|----------------|-------------|-----------------|---------------------------|--------------------------------|---------------------------------|---------------------------------|----------------------------------|--------------------------------|---------------------------|---|---|---|--|
| Pre-Tax Rate | \$39.71 | \$65.91 | \$52.78 | \$13.07 | \$79.42 | \$39.71 | \$13.51 | \$0.00 | \$26.20 | \$39.71 | \$26.64 | \$26.64 | \$0.00 |
| Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$39.71 | \$0.00 | \$39.71 | \$65.91 | \$79.42 | \$39.71 | \$39.71 | \$52.78 | \$52.78 | \$79.42 |
| Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$158.84 | \$0.00 | \$158.84 | \$263.62 | \$317.68 | \$158.84 | \$158.84 | \$211.10 | \$211.10 | \$317.68 |

* DP = Domestic Partner, GC = Grandchild, LW = Legal Ward

July 2012 - June 2013 Bi-Weekly Employee Premium Rates for Prescription Drug Coverage Active Non-SLEOLA

| | Active Only | Active & Spouse | Active & Child, no GC/LWs | Active & Child, with one GC/LWs | Active & Family, with no GC/LWs | Active & Family, with one GC/LW | Active & Family, with two GC/LW | Active & Family, with 3+ GC/LW | Active + Domestic Partner | Active & Domestic Partner, with no GC/LW | Active & Domestic Partner, with one GC/LW | Active + Domestic Partner & DP's Child* | Active & Family + Domestic Partner & Domestic Partner's Family |
|----------------|-------------|-----------------|---------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------|--|---|---|--|
| Pre-Tax Rate | \$19.86 | \$32.96 | \$26.39 | \$6.54 | \$39.71 | \$19.86 | \$6.76 | \$0.00 | \$13.10 | \$19.86 | \$13.32 | \$13.32 | \$0.00 |
| Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$19.86 | \$0.00 | \$19.86 | \$32.96 | \$39.71 | \$19.86 | \$19.86 | \$26.39 | \$26.39 | \$39.71 |
| Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$79.42 | \$0.00 | \$79.42 | \$131.81 | \$158.84 | \$79.42 | \$79.42 | \$105.55 | \$105.55 | \$158.84 |

* DP = Domestic Partner, GC = Grandchild, LW = Legal Ward

July 2012 - June 2013 Monthly Employee Premium Rates for Prescription Drug Coverage Active SLEOLA

| | Active Only | Active & Spouse | Active & Child, no GC/LWs | Active & Child, with one GC/LW | Active & Family, with no GC/LWs | Active & Family, with one GC/LW | Active & Family, with two GC/LWs | Active & Family, with 3+ GC/LW | Active + Domestic Partner | Active & Child + Domestic Partner, with no GC/LWs | Active & Child + Domestic Partner, with one GC/LW | Active + Domestic Partner & DP's Child* | Active & Family + Domestic Partner & Domestic Partner's Family |
|----------------|-------------|-----------------|---------------------------|--------------------------------|---------------------------------|---------------------------------|----------------------------------|--------------------------------|---------------------------|---|---|---|--|
| Pre-Tax Rate | \$43.37 | \$71.98 | \$57.64 | \$14.27 | \$86.74 | \$43.37 | \$14.76 | \$0.00 | \$28.61 | \$43.37 | \$29.10 | \$29.10 | \$0.00 |
| Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$43.37 | \$0.00 | \$43.37 | \$71.98 | \$86.74 | \$43.37 | \$43.37 | \$57.64 | \$57.64 | \$86.74 |
| Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$173.47 | \$0.00 | \$173.47 | \$287.90 | \$346.94 | \$173.47 | \$173.47 | \$230.54 | \$230.54 | \$346.94 |

* DP = Domestic Partner, GC = Grandchild, LW = Legal Ward

July 2012 - June 2013 Bi-Weekly Employee Premium Rates for Prescription Drug Coverage Active SLEOLA

| | Active Only | Active & Spouse | Active & Child, no GC/LWs | Active & Child, with one GC/LWs | Active & Family, with no GC/LWs | Active & Family, with one GC/LW | Active & Family, with two GC/LW | Active & Family, with 3+ GC/LW | Active + Domestic Partner | Active & Child + Domestic Partner, with no GC/LW | Active & Child + Domestic Partner, with one GC/LW | Active + Domestic Partner & DP's Child* | Active & Family + Domestic Partner & Domestic Partner's Family |
|----------------|-------------|-----------------|---------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------|--|---|---|--|
| Pre-Tax Rate | \$21.69 | \$35.99 | \$28.82 | \$7.14 | \$43.37 | \$21.69 | \$7.38 | \$0.00 | \$14.31 | \$21.69 | \$14.55 | \$14.55 | \$0.00 |
| Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$21.69 | \$0.00 | \$21.69 | \$35.99 | \$43.37 | \$21.69 | \$21.69 | \$28.82 | \$28.82 | \$43.37 |
| Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$86.73 | \$0.00 | \$86.73 | \$143.95 | \$173.47 | \$86.73 | \$86.73 | \$115.27 | \$115.27 | \$173.47 |

* DP = Domestic Partner, GC = Grandchild, LW = Legal Ward

July 2012 - June 2013 Monthly Retiree Premium Rates for Prescription Drug Coverage

| | Retiree Only | Retiree & Spouse | Retiree & Child, no GC/LWs | Retiree & Child, with one GC/LW | Retiree & Family, with no GC/LWs | Retiree & Family, with one GC/LW | Retiree & Family, with two GC/LWs | Retiree & Family, with 3+ GC/LWs | Retiree + Domestic Partner | Retiree & Child + Domestic Partner, with no GC/LWs | Retiree & Child + Domestic Partner, with one GC/LW | Retiree + Domestic Partner & DP's Child* | Retiree & Family + Domestic Partner & Domestic Partner's Family |
|----------------|--------------|------------------|----------------------------|---------------------------------|----------------------------------|----------------------------------|-----------------------------------|----------------------------------|----------------------------|--|--|--|---|
| Post-Tax Rate | \$49.03 | \$81.37 | \$65.16 | \$65.16 | \$98.06 | \$98.06 | \$98.06 | \$98.06 | \$81.37 | \$98.06 | \$98.06 | \$98.06 | \$98.06 |
| Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$147.08 | \$0.00 | \$147.08 | \$244.12 | \$294.18 | \$147.08 | \$147.08 | \$195.48 | \$195.48 | \$294.18 |

* DP = Domestic Partner, GC = Grandchild, LW = Legal Ward

July 2012 - June 2013 Bi-Weekly Retiree Premium Rates for Prescription Drug Coverage

| | Retiree Only | Retiree & Spouse | Retiree & Child, no GC/LWs | Retiree & Child, with one GC/LW | Retiree & Family, with no GC/LWs | Retiree & Family, with one GC/LW | Retiree & Family, with two GC/LWs | Retiree & Family, with 3+ GC/LWs | Retiree + Domestic Partner | Retiree & Child + Domestic Partner, with no GC/LWs | Retiree & Child + Domestic Partner, with one GC/LW | Retiree + Domestic Partner & DP's Child* | Retiree & Family + Domestic Partner & Domestic Partner's Family |
|----------------|--------------|------------------|----------------------------|---------------------------------|----------------------------------|----------------------------------|-----------------------------------|----------------------------------|----------------------------|--|--|--|---|
| Post-Tax Rate | \$24.52 | \$40.69 | \$32.58 | \$32.58 | \$49.03 | \$49.03 | \$49.03 | \$49.03 | \$40.69 | \$49.03 | \$49.03 | \$49.03 | \$49.03 |
| Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$73.54 | \$0.00 | \$73.54 | \$122.06 | \$147.09 | \$73.54 | \$73.54 | \$97.74 | \$97.74 | \$147.09 |

* DP = Domestic Partner, GC = Grandchild, LW = Legal Ward

July 2012 - June 2013 Monthly Employee Premium Rates for Dental Coverage

| | | Active Only | Active & Spouse | Active & Child, no GC/LWs | Active & Child, with one GC/LWs | Active & Family, with no GC/LWs | Active & Family, with one GC/LW | Active & Family, with two GC/LW | Active & Family, with 3+ GC/LW | Active + Domestic Partner | Active & Domestic Partner, with no GC/LW | Active & Domestic Partner, with one GC/LW | Active + Domestic Partner & DP's Child* | Active & Family + Domestic Partner's Family |
|-------------------|----------------|-------------|-----------------|---------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------|--|---|---|---|
| UCCI (HMO) | Pre-Tax Rate | \$7.33 | \$14.67 | \$12.77 | \$5.44 | \$20.61 | \$13.28 | \$5.94 | \$0.00 | \$7.34 | \$13.28 | \$7.84 | \$7.84 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$7.33 | \$0.00 | \$7.33 | \$14.67 | \$20.61 | \$7.33 | \$7.33 | \$12.77 | \$12.77 | \$20.61 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$7.32 | \$0.00 | \$7.32 | \$14.67 | \$20.61 | \$7.32 | \$7.32 | \$12.76 | \$12.76 | \$20.61 |
| UCCI (PPO) | Pre-Tax Rate | \$11.64 | \$23.27 | \$22.24 | \$10.60 | \$43.60 | \$31.96 | \$20.33 | \$0.00 | \$11.63 | \$31.96 | \$21.36 | \$21.36 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$11.64 | \$0.00 | \$11.64 | \$23.27 | \$43.60 | \$11.64 | \$11.64 | \$22.24 | \$22.24 | \$43.60 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$11.63 | \$0.00 | \$11.63 | \$23.27 | \$43.60 | \$11.63 | \$11.63 | \$22.24 | \$22.24 | \$43.60 |

* DP = Domestic Partner, GC = Grandchild, LW = Legal Ward

July 2012 - June 2013 Bi-Weekly Employee Premium Rates for Dental Coverage

| | | Active Only | Active & Spouse | Active & Child, no GC/LWs | Active & Child, with one GC/LWs | Active & Family, with no GC/LWs | Active & Family, with one GC/LW | Active & Family, with two GC/LW | Active & Family, with 3+ GC/LW | Active + Domestic Partner | Active & Domestic Partner, with no GC/LW | Active & Domestic Partner, with one GC/LW | Active + Domestic Partner & DP's Child* | Active & Family + Domestic Partner's Family |
|-------------------|----------------|-------------|-----------------|---------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------|--|---|---|---|
| UCCI (HMO) | Pre-Tax Rate | \$3.67 | \$7.34 | \$6.39 | \$2.72 | \$10.31 | \$6.64 | \$2.97 | \$0.00 | \$3.67 | \$6.64 | \$3.92 | \$3.92 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$3.67 | \$0.00 | \$3.67 | \$7.34 | \$10.31 | \$3.67 | \$3.67 | \$6.39 | \$6.39 | \$10.31 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$3.66 | \$0.00 | \$3.66 | \$7.34 | \$10.31 | \$3.66 | \$3.66 | \$6.38 | \$6.38 | \$10.31 |
| UCCI (PPO) | Pre-Tax Rate | \$5.82 | \$11.64 | \$11.12 | \$5.30 | \$21.80 | \$15.98 | \$10.17 | \$0.00 | \$5.82 | \$15.98 | \$10.68 | \$10.68 | \$0.00 |
| | Post-Tax Rate | \$0.00 | \$0.00 | \$0.00 | \$5.82 | \$0.00 | \$5.82 | \$11.64 | \$21.80 | \$5.82 | \$5.82 | \$11.12 | \$11.12 | \$21.80 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$5.82 | \$0.00 | \$5.82 | \$11.64 | \$21.80 | \$5.82 | \$5.82 | \$11.12 | \$11.12 | \$21.80 |

* DP = Domestic Partner, GC = Grandchild, LW = Legal Ward

July 2012 - June 2013 Monthly Retiree Premium Rates for Dental Coverage

| | | Retiree & Child + Domestic Partner, with no GC/LWs | Retiree & Child + Domestic Partner, with one GC/LW | Retiree + Domestic Partner & DP's Child* | Retiree & Family + Domestic Partner & Domestic Partner's Family | | | | | | | | | |
|-------------------|----------------|---|---|--|---|---|---|----------------------------------|---|---|--|---|---------|---------|
| | | Retiree & Child, no GC/LWs | Retiree & Child, with one GC/LW | Retiree & Family, with no GC/LWs | Retiree & Family, with one GC/LW | Retiree & Family, with two GC/LWs | Retiree & Family, with 3+ GC/LWs | Retiree + Domestic Partner | Retiree & Child + Domestic Partner, with no GC/LWs | Retiree & Child + Domestic Partner, with one GC/LW | Retiree + Domestic Partner & DP's Child* | Retiree & Family + Domestic Partner & Domestic Partner's Family | | |
| | Post-Tax Rate | \$7.33 | \$14.67 | \$12.77 | \$12.77 | \$20.61 | \$20.61 | \$20.61 | \$20.61 | \$14.67 | \$20.61 | \$20.61 | \$20.61 | \$20.61 |
| UCCI (HMO) | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$7.32 | \$0.00 | \$7.32 | \$14.67 | \$20.61 | \$7.32 | \$7.32 | \$12.76 | \$12.76 | \$20.61 |
| | Pre-Tax Rate | \$11.64 | \$23.27 | \$22.24 | \$22.24 | \$43.60 | \$43.60 | \$43.60 | \$43.60 | \$23.27 | \$43.60 | \$43.60 | \$43.60 | \$43.60 |
| UCCI (PPO) | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$11.63 | \$0.00 | \$11.63 | \$23.27 | \$43.60 | \$11.63 | \$11.63 | \$22.24 | \$22.24 | \$43.60 |

* DP = Domestic Partner, GC = Grandchild, LW = Legal Ward

July 2012 - June 2013 Retiree Monthly Medical Premium Rates Without Medicare

| | | Retiree Only | Retiree & Spouse | Retiree & Child, no GC/LWs | Retiree & Child, with one GC/LW | Retiree & Family, with no GC/LWs | Retiree & Family, with one GC/LW | Retiree & Family, with two GC/LWs | Retiree & Family, with 3+ GC/LWs | Retiree + Domestic Partner | Retiree & Child + Domestic Partner, with no GC/LWs | Retiree & Child + Domestic Partner, with one GC/LW | Retiree + Domestic Partner & DP's Child* | Retiree & Family + Domestic Partner & Domestic Partner's Family |
|----------------------|----------------|--------------|------------------|----------------------------|---------------------------------|----------------------------------|----------------------------------|-----------------------------------|----------------------------------|----------------------------|--|--|--|---|
| UHC POS | Post-Tax Rate | \$67.97 | \$122.35 | \$122.35 | \$122.35 | \$169.94 | \$169.94 | \$169.94 | \$169.94 | \$122.35 | \$169.94 | \$169.94 | \$169.94 | \$169.94 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$331.88 | \$0.00 | \$331.88 | \$597.35 | \$829.70 | \$331.88 | \$331.88 | \$597.35 | \$597.35 | \$829.70 |
| Aetna POS | Post-Tax Rate | \$66.91 | \$120.43 | \$120.43 | \$120.43 | \$167.26 | \$167.26 | \$167.26 | \$167.26 | \$120.43 | \$167.26 | \$167.26 | \$167.26 | \$167.26 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$326.68 | \$0.00 | \$326.68 | \$588.01 | \$816.65 | \$326.68 | \$326.68 | \$588.01 | \$588.01 | \$816.65 |
| CareFirst POS | Post-Tax Rate | \$63.93 | \$115.07 | \$115.07 | \$115.07 | \$159.82 | \$159.82 | \$159.82 | \$159.82 | \$115.07 | \$159.82 | \$159.82 | \$159.82 | \$159.82 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$312.11 | \$0.00 | \$312.11 | \$561.81 | \$780.27 | \$312.11 | \$312.11 | \$561.81 | \$561.81 | \$780.27 |
| CareFirst PPO | Post-Tax Rate | \$92.54 | \$166.57 | \$166.57 | \$166.57 | \$231.35 | \$231.35 | \$231.35 | \$231.35 | \$166.57 | \$231.35 | \$231.35 | \$231.35 | \$231.35 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$370.16 | \$0.00 | \$370.16 | \$666.27 | \$925.42 | \$370.16 | \$370.16 | \$666.27 | \$666.27 | \$925.42 |
| UHC PPO | Post-Tax Rate | \$88.96 | \$160.13 | \$160.13 | \$160.13 | \$222.41 | \$222.41 | \$222.41 | \$222.41 | \$160.13 | \$222.41 | \$222.41 | \$222.41 | \$222.41 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$355.85 | \$0.00 | \$355.85 | \$640.53 | \$889.66 | \$355.85 | \$355.85 | \$640.53 | \$640.53 | \$889.66 |
| CareFirst EPO | Post-Tax Rate | \$55.47 | \$116.42 | \$116.42 | \$116.42 | \$144.22 | \$144.22 | \$144.22 | \$144.22 | \$116.42 | \$144.22 | \$144.22 | \$144.22 | \$144.22 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$314.36 | \$0.00 | \$314.36 | \$659.69 | \$817.28 | \$314.36 | \$314.36 | \$659.69 | \$659.69 | \$817.28 |
| Aetna EPO | Post-Tax Rate | \$55.77 | \$111.53 | \$111.53 | \$111.53 | \$139.68 | \$139.68 | \$139.68 | \$139.68 | \$111.53 | \$139.68 | \$139.68 | \$139.68 | \$139.68 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$316.01 | \$0.00 | \$316.01 | \$632.02 | \$791.52 | \$316.01 | \$316.01 | \$632.02 | \$632.02 | \$791.52 |
| UHC EPO | Post-Tax Rate | \$57.40 | \$119.37 | \$119.37 | \$119.37 | \$142.33 | \$142.33 | \$142.33 | \$142.33 | \$119.37 | \$142.33 | \$142.33 | \$142.33 | \$142.33 |
| | Imputed Income | \$0.00 | \$0.00 | \$0.00 | \$325.24 | \$0.00 | \$325.24 | \$676.41 | \$806.53 | \$325.24 | \$325.24 | \$676.41 | \$676.41 | \$806.53 |

* DP = Domestic Partner, GC = Grandchild, LW = Legal Ward

July 2012 - June 2013 Retiree Monthly Medical Premium Rates With Medicare

| | | Retiree Only with Medicare | Retiree + 1, 1 Without Medicare (not GC/LW) | Retiree + 1, 1 GC/LW Without Medicare | Retiree + 1, Both With Medicare | Retiree With Medicare + DP With Medicare | Retiree Without Medicare + DP With Medicare | Retiree With Medicare + DP Without Medicare | Retiree + 2, 1 With Medicare, no GC/LWs | Retiree + 2, 1 With Medicare, with one GC/LW | Retiree + 2, 2 With Medicare, no GC/LWs | Retiree + 2, 2 With Medicare, with one GC/LW | Retiree + 2 or More, All With Medicare | Retiree + 3 or More, at Least 1 Without Medicare, no GC/LWs | Retiree + 3 or More, at Least 1 Without Medicare, with one GC/LW | Retiree + 3 or More, at Least 1 Without Medicare, with two GC/LWs | Retiree + 3 or More, at Least 1 Without Medicare, with 3+ GC/LWs |
|----------------------|----------------|----------------------------------|--|--|--|--|---|--|--|--|--|--|--|--|--|---|--|
| UHC POS | Post-Tax Rate | \$33.98 | \$101.96 | \$101.96 | \$67.97 | \$67.97 | \$101.96 | \$101.96 | \$156.34 | \$156.34 | \$135.94 | \$135.94 | \$101.96 | \$169.94 | \$169.94 | \$169.94 | \$169.94 |
| | Imputed Income | \$0.00 | \$0.00 | \$331.88 | \$0.00 | \$165.92 | \$165.92 | \$331.88 | \$0.00 | \$331.88 | \$0.00 | \$331.88 | \$0.00 | \$0.00 | \$331.88 | \$597.35 | \$829.70 |
| Aetna POS | Post-Tax Rate | \$33.44 | \$100.34 | \$100.34 | \$66.91 | \$66.91 | \$100.34 | \$100.34 | \$153.89 | \$153.89 | \$133.81 | \$133.81 | \$100.34 | \$167.26 | \$167.26 | \$167.26 | \$167.26 |
| | Imputed Income | \$0.00 | \$0.00 | \$326.68 | \$0.00 | \$163.29 | \$163.29 | \$326.68 | \$0.00 | \$326.68 | \$0.00 | \$326.68 | \$0.00 | \$0.00 | \$326.68 | \$588.01 | \$816.65 |
| CareFirst POS | Post-Tax Rate | \$31.96 | \$95.89 | \$95.89 | \$63.93 | \$63.93 | \$95.89 | \$95.89 | \$147.03 | \$147.03 | \$127.85 | \$127.85 | \$95.89 | \$159.82 | \$159.82 | \$159.82 | \$159.82 |
| | Imputed Income | \$0.00 | \$0.00 | \$312.11 | \$0.00 | \$156.03 | \$156.03 | \$312.11 | \$0.00 | \$312.11 | \$0.00 | \$312.11 | \$0.00 | \$0.00 | \$312.11 | \$561.81 | \$780.27 |
| CareFirst PPO | Post-Tax Rate | \$46.28 | \$138.79 | \$138.79 | \$92.54 | \$92.54 | \$138.79 | \$138.79 | \$212.83 | \$212.83 | \$185.07 | \$185.07 | \$138.79 | \$231.35 | \$231.35 | \$231.35 | \$231.35 |
| | Imputed Income | \$0.00 | \$0.00 | \$370.16 | \$0.00 | \$185.10 | \$185.10 | \$370.16 | \$0.00 | \$370.16 | \$0.00 | \$370.16 | \$0.00 | \$0.00 | \$370.16 | \$666.27 | \$925.42 |
| UHC PPO | Post-Tax Rate | \$44.49 | \$133.43 | \$133.43 | \$88.96 | \$88.96 | \$133.43 | \$133.43 | \$204.60 | \$204.60 | \$177.92 | \$177.92 | \$133.43 | \$222.41 | \$222.41 | \$222.41 | \$222.41 |
| | Imputed Income | \$0.00 | \$0.00 | \$355.85 | \$0.00 | \$177.94 | \$177.94 | \$355.85 | \$0.00 | \$355.85 | \$0.00 | \$355.85 | \$0.00 | \$0.00 | \$355.85 | \$640.53 | \$889.66 |
| CareFirst EPO | Post-Tax Rate | \$27.34 | \$82.37 | \$82.37 | \$60.09 | \$60.09 | \$82.37 | \$82.37 | \$137.40 | \$137.40 | \$87.63 | \$87.63 | \$75.16 | \$136.75 | \$136.75 | \$136.75 | \$136.75 |
| | Imputed Income | \$0.00 | \$0.00 | \$314.36 | \$0.00 | \$154.96 | \$154.96 | \$314.36 | \$0.00 | \$314.36 | \$0.00 | \$314.36 | \$0.00 | \$0.00 | \$314.36 | \$659.69 | \$774.89 |
| Aetna EPO | Post-Tax Rate | \$33.47 | \$89.24 | \$89.24 | \$66.94 | \$66.94 | \$89.24 | \$89.24 | \$145.00 | \$145.00 | \$122.71 | \$122.71 | \$100.41 | \$156.18 | \$156.18 | \$156.18 | \$156.18 |
| | Imputed Income | \$0.00 | \$0.00 | \$316.01 | \$0.00 | \$189.67 | \$189.67 | \$316.01 | \$0.00 | \$316.01 | \$0.00 | \$316.01 | \$0.00 | \$0.00 | \$316.01 | \$632.02 | \$791.52 |
| UHC EPO | Post-Tax Rate | \$37.90 | \$95.29 | \$95.29 | \$75.80 | \$75.80 | \$95.29 | \$95.29 | \$142.33 | \$142.33 | \$130.13 | \$130.13 | \$113.70 | \$142.33 | \$142.33 | \$142.33 | \$142.33 |
| | Imputed Income | \$0.00 | \$0.00 | \$325.24 | \$0.00 | \$214.80 | \$214.80 | \$325.24 | \$0.00 | \$325.24 | \$0.00 | \$325.24 | \$0.00 | \$0.00 | \$325.24 | \$676.41 | \$806.53 |

* DP = Domestic Partner, GC = Grandchild, LW = Legal Ward