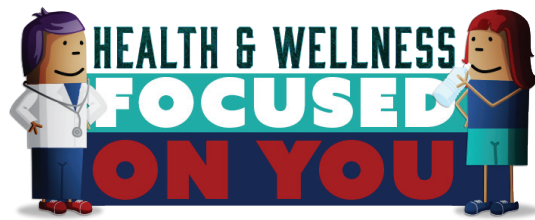


2017 FULL-TIME FLEXPLAN RATE SHEET January 1, 2017 - December 31, 2017

Disability Insurance			
The Hartford Employee Coverage			
Short-Term	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Standard Upgrade	\$3.59	\$3.00	\$2.76
High	\$1.52	\$1.27	\$1.17
High Upgrade	\$5.60	\$4.67	\$4.31
Long-Term	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Level-1	\$11.93	\$9.94	\$9.18
Level-2	\$15.28	\$12.74	\$11.76
Level-3	\$23.04	\$19.20	\$17.72
Level-4	For Level 4 coverage (available only if your salary is in excess of \$100,000), determine your premium by choosing a payroll cycle and following ONE of the formulas below:		
	10-month (20 Deductions), use this formula: Annual Salary* \$ ____ ÷ 100 x 1.06 ÷ 20 = \$ ____		
	11-month (24 Deductions), use this formula: Annual Salary* \$ ____ ÷ 100 x 1.06 ÷ 24 = \$ ____		
	12-month (26 Deductions), use this formula: Annual Salary* \$ ____ ÷ 100 x 1.06 ÷ 26 = \$ ____		

* If your salary exceeds \$150,000, enter \$150,000 here.

Dental						
DeltaCare USA DHMO Plans						
	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)	
	High	Standard	High	Standard	High	Standard
Employee Only	\$7.99	\$4.75	\$6.66	\$3.96	\$6.14	\$3.65
Employee & Family	\$20.39	\$12.08	\$16.99	\$10.07	\$15.68	\$9.30
Delta Dental Indemnity PPO Plans						
	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)	
	High	Standard	High	Standard	High	Standard
Employee Only	\$24.38	\$10.34	\$20.32	\$8.62	\$18.75	\$7.96
Employee & Family	\$72.89	\$31.74	\$60.74	\$26.45	\$56.07	\$24.42
UnitedHealthcare Access+ DHMO Plans						
	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)	
	High	Standard	High	Standard	High	Standard
Employee Only	\$6.52	\$5.00	\$5.43	\$4.17	\$5.01	\$3.84
Employee & Family	\$16.62	\$12.72	\$13.85	\$10.60	\$12.78	\$9.78
UnitedHealthcare Indemnity PPO Plans						
	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)	
	High	Standard	High	Standard	High	Standard
Employee Only	\$22.75	\$10.89	\$18.96	\$9.08	\$17.50	\$8.38
Employee & Family	\$68.02	\$33.41	\$56.68	\$27.84	\$52.32	\$25.70



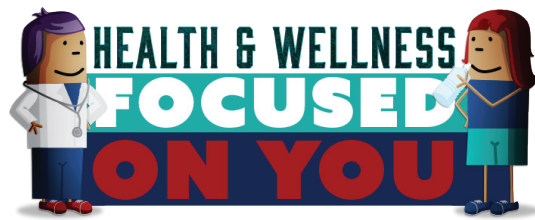
2017 FULL-TIME FLEXPLAN RATE SHEET January 1, 2017 - December 31, 2017

Vision			
Davis Vision Plan			
	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee Only	\$3.04	\$2.53	\$2.34
Employee & Family	\$7.33	\$6.11	\$5.64
UnitedHealthcare Vision Plan			
	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee Only	\$3.18	\$2.65	\$2.45
Employee & Family	\$7.96	\$6.63	\$6.12

Identity Theft Protection			
ID Watchdog Identity Theft Plan			
	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee Only	\$4.77	\$3.98	\$3.67
Employee & Family	\$8.37	\$6.98	\$6.44

Hospital Indemnity Coverage			
Cigna® Hospital Indemnity Coverage			
Coverage at \$50.00 Per Day	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee Only	\$1.49	\$1.24	\$1.14
Employee & Family	\$3.72	\$3.10	\$2.86
Coverage at \$100.00 Per Day	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee Only	\$2.98	\$2.48	\$2.29
Employee & Family	\$7.44	\$6.20	\$5.72
Coverage at \$150.00 Per Day	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee Only	\$4.46	\$3.72	\$3.43
Employee & Family	\$11.16	\$9.30	\$8.58

Legal Coverage			
ARAG (Note: These premiums will be deducted on a post-tax basis).			
	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
ARAG Legal Plan	\$8.86	\$7.38	\$6.81
ARAG SeniorAdvocate Plan	\$4.66	\$3.88	\$3.58
MetLaw (Note: These premiums will be deducted on a post-tax basis).			
	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Hyatt Legal Plan	\$9.57	\$7.98	\$7.36
Hyatt Senior Plan	\$3.81	\$3.18	\$2.93



2017 FULL-TIME FLEXPLAN RATE SHEET

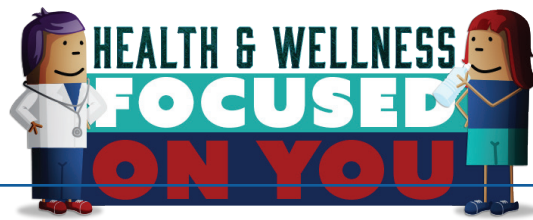
January 1, 2017 - December 31, 2017

Life Insurance

Metropolitan Life Insurance

Employee Only Coverage

Age	Reduction	Amount	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Under 65	100% of original	10,000	\$1.80	\$1.50	\$1.38
		20,000	\$3.60	\$3.00	\$2.77
		30,000	\$5.40	\$4.50	\$4.15
		40,000	\$7.20	\$6.00	\$5.54
		50,000	\$9.00	\$7.50	\$6.92
		60,000	\$10.80	\$9.00	\$8.31
		70,000	\$12.60	\$10.50	\$9.69
		80,000	\$14.40	\$12.00	\$11.08
		90,000	\$16.20	\$13.50	\$12.46
		100,000	\$18.00	\$15.00	\$13.85
65-69	65% of original policy	6,500	\$1.17	\$0.98	\$0.90
		13,000	\$2.34	\$2.95	\$1.80
		19,500	\$3.51	\$2.93	\$2.70
		26,000	\$4.68	\$3.90	\$3.60
		32,500	\$5.85	\$4.88	\$4.50
		39,000	\$7.02	\$5.85	\$5.40
		45,500	\$8.19	\$6.83	\$6.30
		52,000	\$9.36	\$7.80	\$7.20
		58,500	\$10.53	\$8.78	\$8.10
		65,000	\$11.70	\$9.75	\$9.00
70-74	45% of original policy	4,500	\$0.81	\$0.68	\$0.62
		9,000	\$1.62	\$1.35	\$1.25
		13,500	\$2.43	\$2.03	\$1.87
		18,000	\$3.24	\$2.70	\$2.49
		22,500	\$4.05	\$3.38	\$3.12
		27,000	\$4.86	\$4.05	\$3.74
		31,500	\$5.67	\$4.73	\$4.36
		36,000	\$6.48	\$5.40	\$4.98
		40,500	\$7.29	\$6.08	\$5.61
		45,000	\$8.10	\$6.75	\$6.23



2017 FULL-TIME FLEXPLAN RATE SHEET

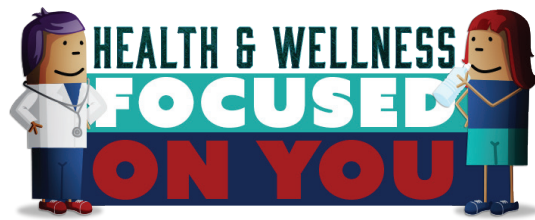
January 1, 2017 - December 31, 2017

Life Insurance

Metropolitan Life Insurance

Employee Only Coverage

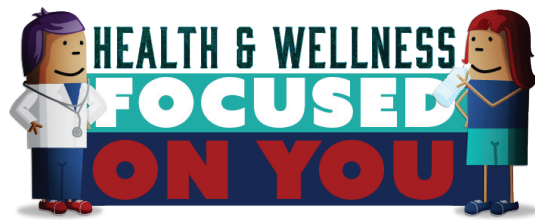
Age	Reduction	Amount	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
75-80	30% of original policy	3,000	\$0.54	\$0.45	\$0.42
		6,000	\$1.08	\$0.90	\$0.83
		9,000	\$1.62	\$1.35	\$1.25
		12,000	\$2.16	\$1.80	\$1.66
		15,000	\$2.70	\$2.25	\$2.08
		18,000	\$3.24	\$2.70	\$2.49
		21,000	\$3.78	\$3.25	\$2.91
		24,000	\$4.32	\$3.60	\$3.32
		27,000	\$4.86	\$4.05	\$3.74
		30,000	\$5.40	\$4.50	\$4.15
80+	20% of original policy	2,000	\$0.36	\$0.30	\$0.28
		4,000	\$0.72	\$0.60	\$0.55
		6,000	\$1.08	\$0.90	\$0.83
		8,000	\$1.44	\$1.20	\$1.11
		10,000	\$1.80	\$1.50	\$1.38
		12,000	\$2.16	\$1.80	\$1.66
		14,000	\$2.52	\$2.10	\$1.94
		16,000	\$2.88	\$2.40	\$2.22
		18,000	\$3.24	\$2.70	\$2.49
		20,000	\$3.60	\$3.00	\$2.77



2017 FULL-TIME FLEXPLAN RATE SHEET

January 1, 2017 - December 31, 2017

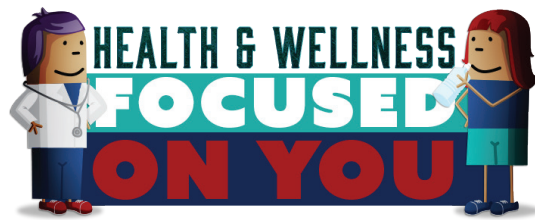
Accidental Death and Dismemberment (AD&D)								
Metropolitan Life Insurance								
Employee Coverage								
Age	Reduction	Amount	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)	
			EE Only	EE & Family	EE Only	EE & Family	EE Only	EE & Family
Under 70	100% of original policy	25,000	\$0.20	\$0.40	\$0.16	\$0.32	\$0.15	\$0.30
		50,000	\$0.39	\$0.78	\$0.33	\$0.66	\$0.30	\$0.60
		75,000	\$0.59	\$1.18	\$0.49	\$0.98	\$0.45	\$0.90
		100,000	\$0.78	\$1.56	\$0.65	\$1.30	\$0.60	\$1.20
		125,000	\$0.98	\$1.96	\$0.81	\$1.62	\$0.75	\$1.50
		150,000	\$1.17	\$2.34	\$0.98	\$1.96	\$0.90	\$1.80
		175,000	\$1.37	\$2.74	\$1.14	\$2.28	\$1.05	\$2.10
		200,000	\$1.56	\$3.12	\$1.30	\$2.60	\$1.20	\$2.40
		225,000	\$1.76	\$3.52	\$1.46	\$2.92	\$1.35	\$2.70
		250,000	\$1.95	\$3.90	\$1.63	\$3.26	\$1.50	\$3.00
		275,000	\$2.15	\$4.30	\$1.79	\$3.58	\$1.65	\$3.30
		300,000	\$2.34	\$4.68	\$1.95	\$3.90	\$1.80	\$3.60
		325,000	\$2.54	\$5.08	\$2.11	\$4.22	\$1.95	\$3.90
		350,000	\$2.73	\$5.46	\$2.28	\$4.56	\$2.10	\$4.20
		375,000	\$2.93	\$5.86	\$2.44	\$4.88	\$2.25	\$4.50
		400,000	\$3.12	\$6.24	\$2.60	\$5.20	\$2.40	\$4.80
		425,000	\$3.32	\$6.64	\$2.76	\$5.52	\$2.55	\$5.10
		450,000	\$3.51	\$7.02	\$2.93	\$5.86	\$2.70	\$5.40
475,000	\$3.71	\$7.42	\$3.09	\$6.18	\$2.85	\$5.70		
500,000	\$3.90	\$7.80	\$3.25	\$6.50	\$3.00	\$6.00		



2017 FULL-TIME FLEXPLAN RATE SHEET

January 1, 2017 - December 31, 2017

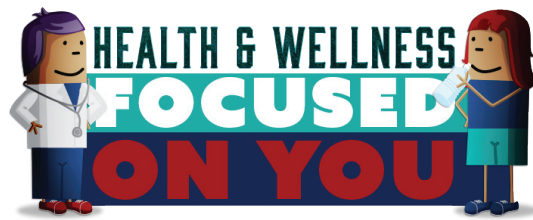
Accidental Death and Dismemberment (AD&D)								
Metropolitan Life Insurance								
Employee Coverage								
Age	Reduction	Amount	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)	
			EE Only	EE & Family	EE Only	EE & Family	EE Only	EE & Family
70-74	70% of original policy	17,500	\$0.14	\$0.28	\$0.11	\$0.22	\$0.11	\$0.22
		35,000	\$0.27	\$0.54	\$0.23	\$0.46	\$0.21	\$0.42
		52,500	\$0.41	\$0.82	\$0.34	\$0.68	\$0.32	\$0.64
		70,000	\$0.55	\$1.10	\$0.46	\$0.92	\$0.42	\$0.84
		87,500	\$0.68	\$1.36	\$0.57	\$1.14	\$0.53	\$1.06
		105,000	\$0.82	\$1.64	\$0.68	\$1.36	\$0.63	\$1.26
		122,500	\$0.96	\$1.92	\$0.80	\$1.60	\$0.74	\$1.48
		140,000	\$1.09	\$2.18	\$0.91	\$1.82	\$0.84	\$1.68
		157,500	\$1.23	\$2.46	\$1.02	\$2.04	\$0.95	\$1.90
		175,000	\$1.37	\$2.74	\$1.14	\$2.28	\$1.05	\$2.10
		192,500	\$1.50	\$3.00	\$1.25	\$2.50	\$1.16	\$2.32
		210,000	\$1.64	\$3.28	\$1.37	\$2.74	\$1.26	\$2.52
		227,500	\$1.77	\$3.54	\$1.48	\$2.96	\$1.37	\$2.74
		245,000	\$1.91	\$3.82	\$1.59	\$3.18	\$1.47	\$2.94
		262,500	\$2.05	\$4.10	\$1.71	\$3.42	\$1.58	\$3.16
		280,000	\$2.18	\$4.36	\$1.82	\$3.64	\$1.68	\$3.36
		297,500	\$2.32	\$4.64	\$1.93	\$3.86	\$1.79	\$3.58
315,000	\$2.46	\$4.92	\$2.05	\$4.10	\$1.89	\$3.78		
332,500	\$2.59	\$5.18	\$2.16	\$4.32	\$2.00	\$4.00		
350,000	\$2.73	\$5.46	\$2.28	\$4.56	\$2.10	\$4.20		



2017 FULL-TIME FLEXPLAN RATE SHEET

January 1, 2017 - December 31, 2017

Accidental Death and Dismemberment (AD&D)								
Metropolitan Life Insurance								
Employee Coverage								
Age	Reduction	Amount	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)	
			EE Only	EE & Family	EE Only	EE & Family	EE Only	EE & Family
75-79	45% of original policy	11,250	\$0.09	\$0.18	\$0.07	\$0.14	\$0.07	\$0.14
		22,500	\$0.18	\$0.36	\$0.15	\$0.30	\$0.14	\$0.28
		33,750	\$0.26	\$0.52	\$0.22	\$0.44	\$0.20	\$0.40
		45,000	\$0.35	\$0.70	\$0.29	\$0.58	\$0.27	\$0.54
		56,250	\$0.44	\$0.88	\$0.37	\$0.74	\$0.34	\$0.68
		67,500	\$0.53	\$1.06	\$0.44	\$0.88	\$0.41	\$0.82
		78,750	\$0.61	\$1.22	\$0.51	\$1.02	\$0.47	\$0.94
		90,000	\$0.70	\$1.40	\$0.59	\$1.18	\$0.54	\$1.08
		101,250	\$0.79	\$1.58	\$0.66	\$1.32	\$0.61	\$1.22
		112,500	\$0.88	\$1.76	\$0.73	\$1.46	\$0.68	\$1.36
		123,750	\$0.97	\$1.94	\$0.80	\$1.60	\$0.74	\$1.48
		135,000	\$1.05	\$2.10	\$0.88	\$1.76	\$0.81	\$1.62
		146,250	\$1.14	\$2.28	\$0.95	\$1.90	\$0.88	\$1.76
		157,500	\$1.23	\$2.46	\$1.02	\$2.04	\$0.95	\$1.90
		168,750	\$1.32	\$2.64	\$1.10	\$2.20	\$1.01	\$2.02
		180,000	\$1.40	\$2.80	\$1.17	\$2.34	\$1.08	\$2.16
		191,250	\$1.49	\$2.98	\$1.24	\$2.48	\$1.15	\$2.30
202,500	\$1.58	\$3.16	\$1.32	\$2.64	\$1.22	\$2.44		
213,750	\$1.67	\$3.34	\$1.39	\$2.78	\$1.28	\$2.56		
225,000	\$1.76	\$3.52	\$1.46	\$2.92	\$1.35	\$2.70		



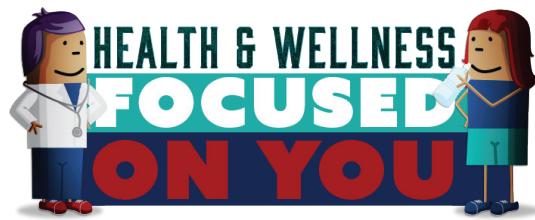
2017 FULL-TIME FLEXPLAN RATE SHEET
January 1, 2017 - December 31, 2017

Accidental Death and Dismemberment (AD&D)

Metropolitan Life Insurance

Employee Coverage

Age	Reduction	Amount	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)	
			EE Only	EE & Family	EE Only	EE & Family	EE Only	EE & Family
80-84	30% of original policy	7,500	\$0.06	\$0.12	\$0.05	\$0.10	\$0.05	\$0.10
		15,000	\$0.12	\$0.24	\$0.10	\$0.20	\$0.09	\$0.18
		22,500	\$0.18	\$0.36	\$0.15	\$0.30	\$0.14	\$0.28
		30,000	\$0.23	\$0.46	\$0.20	\$0.40	\$0.18	\$0.36
		37,500	\$0.29	\$0.58	\$0.24	\$0.48	\$0.23	\$0.46
		45,000	\$0.35	\$0.70	\$0.29	\$0.58	\$0.27	\$0.54
		52,500	\$0.41	\$0.82	\$0.34	\$0.68	\$0.32	\$0.64
		60,000	\$0.47	\$0.94	\$0.39	\$0.78	\$0.36	\$0.72
		67,500	\$0.53	\$1.06	\$0.44	\$0.88	\$0.41	\$0.82
		75,000	\$0.59	\$1.18	\$0.49	\$0.98	\$0.45	\$0.90
		82,500	\$0.64	\$1.28	\$0.54	\$1.08	\$0.50	\$1.00
		90,000	\$0.70	\$1.40	\$0.59	\$1.18	\$0.54	\$1.08
		97,500	\$0.76	\$1.52	\$0.63	\$1.26	\$0.59	\$1.18
		105,000	\$0.82	\$1.64	\$0.68	\$1.36	\$0.63	\$1.26
		112,500	\$0.88	\$1.76	\$0.73	\$1.46	\$0.68	\$1.36
		120,000	\$0.94	\$1.88	\$0.78	\$1.56	\$0.72	\$1.44
		127,500	\$0.99	\$1.98	\$0.83	\$1.66	\$0.77	\$1.54
		135,000	\$1.05	\$2.10	\$0.88	\$1.76	\$0.81	\$1.62
142,500	\$1.11	\$2.22	\$0.93	\$1.86	\$0.86	\$1.72		
150,000	\$1.17	\$2.34	\$0.98	\$1.96	\$0.90	\$1.80		



2017 FULL-TIME FLEXPLAN RATE SHEET

January 1, 2017 - December 31, 2017

Accidental Death and Dismemberment (AD&D)

Metropolitan Life Insurance

Employee Coverage

Age	Reduction	Amount	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)	
			EE Only	EE & Family	EE Only	EE & Family	EE Only	EE & Family
85+	15% of original policy	3,750	\$0.03	\$0.06	\$0.02	\$0.04	\$0.02	\$0.04
		7,500	\$0.06	\$0.12	\$0.05	\$0.10	\$0.05	\$0.10
		11,250	\$0.09	\$0.18	\$0.07	\$0.14	\$0.07	\$0.14
		15,000	\$0.12	\$0.24	\$0.10	\$0.20	\$0.09	\$0.18
		18,750	\$0.15	\$0.30	\$0.12	\$0.24	\$0.11	\$0.22
		22,500	\$0.18	\$0.36	\$0.15	\$0.30	\$0.14	\$0.28
		26,250	\$0.20	\$0.40	\$0.17	\$0.34	\$0.16	\$0.32
		30,000	\$0.23	\$0.46	\$0.20	\$0.40	\$0.18	\$0.36
		33,750	\$0.26	\$0.52	\$0.22	\$0.44	\$0.20	\$0.40
		37,500	\$0.29	\$0.58	\$0.24	\$0.48	\$0.23	\$0.46
		41,250	\$0.32	\$0.64	\$0.27	\$0.54	\$0.25	\$0.50
		45,000	\$0.35	\$0.70	\$0.29	\$0.58	\$0.27	\$0.54
		48,750	\$0.38	\$0.76	\$0.32	\$0.64	\$0.29	\$0.58
		52,500	\$0.41	\$0.82	\$0.34	\$0.68	\$0.32	\$0.64
		56,250	\$0.44	\$0.88	\$0.37	\$0.74	\$0.34	\$0.68
		60,000	\$0.47	\$0.94	\$0.39	\$0.78	\$0.36	\$0.72
		63,750	\$0.50	\$1.00	\$0.41	\$0.82	\$0.38	\$0.76
		67,500	\$0.53	\$1.06	\$0.44	\$0.88	\$0.41	\$0.82
71,250	\$0.56	\$1.12	\$0.46	\$0.92	\$0.43	\$0.86		
75,000	\$0.59	\$1.18	\$0.49	\$0.98	\$0.45	\$0.90		