

Cost of Coverage

The amount that you pay for your coverage is based on your annual base earnings at the time benefits are effective and whether you cover dependents. GRSM50 shares in the cost of your medical and dental benefits, per the grid below. GRSM50 pays for 100% of the cost for basic Life, AD&D, business travel accident, EAP, and LTD coverage.

In general, you pay for health coverage before federal, state, and social security taxes are withheld, so you pay less in taxes. Costs listed below are per pay period.

| | Cigna HDHP + Med Accident | | Cigna EPO | | Kaiser HMO | |
|-------------------------|---------------------------|-----------|-------------|-----------|-------------|-----------|
| Earnings Under \$50,000 | GRSM50 Cost | Your Cost | GRSM50 Cost | Your Cost | GRSM50 Cost | Your Cost |
| Employee Only | \$325.85 | \$69.69 | \$479.54 | \$114.92 | \$346.31 | \$69.69 |
| Employee + 1 Dependent | \$636.00 | \$228.00 | \$979.85 | \$330.92 | \$603.99 | \$228.00 |
| Employee + Family | \$894.00 | \$360.00 | \$1,381.38 | \$526.15 | \$817.27 | \$360.00 |

Earnings Between \$50,001 - \$100,000

| | | | | | | |
|------------------------|----------|----------|------------|----------|----------|----------|
| Employee Only | \$300.00 | \$95.54 | \$441.69 | \$152.77 | \$320.46 | \$95.54 |
| Employee + 1 Dependent | \$588.46 | \$275.54 | \$924.00 | \$386.77 | \$556.45 | \$275.54 |
| Employee + Family | \$828.92 | \$425.08 | \$1,280.77 | \$626.77 | \$752.19 | \$425.08 |

Earnings Between \$100,001 - \$200,000

| | | | | | | |
|------------------------|----------|----------|----------|------------|----------|----------|
| Employee Only | \$257.54 | \$138.00 | \$301.38 | \$293.08 | \$278.00 | \$138.00 |
| Employee + 1 Dependent | \$501.23 | \$362.77 | \$581.08 | \$729.69 | \$469.22 | \$362.77 |
| Employee + Family | \$709.85 | \$544.15 | \$742.62 | \$1,164.92 | \$633.12 | \$544.15 |

Earnings Greater Than \$200,001

| | | | | | | |
|------------------------|----------|----------|----------|------------|----------|----------|
| Employee Only | \$222.92 | \$172.62 | \$255.23 | \$339.23 | \$243.38 | \$172.62 |
| Employee + 1 Dependent | \$443.08 | \$420.92 | \$489.23 | \$821.54 | \$411.07 | \$420.92 |
| Employee + Family | \$629.08 | \$624.92 | \$605.08 | \$1,302.46 | \$552.35 | \$624.92 |

Cost of Coverage, continued

| | Cigna DPPO | | Cigna DHMO | |
|------------------------|-------------|-----------|-------------|-----------|
| | GRSM50 Cost | Your Cost | GRSM50 Cost | Your Cost |
| Dental Plans | | | | |
| Employee Only | \$15.62 | \$6.92 | \$6.57 | \$2.31 |
| Employee + 1 Dependent | \$17.89 | \$29.08 | \$8.30 | \$6.00 |
| Employee + Family | \$18.26 | \$50.77 | \$9.52 | \$16.62 |

| | VSP Vision |
|------------------------|------------|
| Vision Plan | Your Cost |
| Employee Only | \$3.67 |
| Employee + 1 Dependent | \$6.74 |
| Employee + Family | \$10.85 |