

| Plan Number | Product | Coverage | Full Rate | Monthly Employee Charge |
|-------------|--|-------------------|-------------|-------------------------|
| 2290551 | Blue Care Elect Preferred | Individual | \$ 1,482.29 | \$ 370.57 |
| 2290551 | Blue Care Elect Preferred | 2-Person | \$ 2,964.59 | \$ 741.15 |
| 2290551 | Blue Care Elect Preferred | Family | \$ 4,336.72 | \$ 1,084.18 |
| 4009923 | Network Blue NE \$15 Copay | Individual | \$ 1,182.54 | \$ 295.64 |
| 4009923 | Network Blue NE \$15 Copay | 2-Person | \$ 2,365.09 | \$ 591.27 |
| 4009923 | Network Blue NE \$15 Copay | Family | \$ 3,447.70 | \$ 861.93 |
| 4069926 | Network Blue NE \$20 Copay | Individual | \$ 1,154.41 | \$ 288.60 |
| 4069926 | Network Blue NE \$20 Copay | 2-Person | \$ 2,308.85 | \$ 577.21 |
| 4069926 | Network Blue NE \$20 Copay | Family | \$ 3,365.69 | \$ 841.42 |
| 2365518 | Network Blue NE \$250 Deductible | Individual | \$ 1,092.92 | \$ 272.73 |
| 2365518 | Network Blue NE \$250 Deductible | 2-Person | \$ 2,182.86 | \$ 545.47 |
| 2365518 | Network Blue NE \$250 Deductible | Family | \$ 3,180.58 | \$ 795.15 |
| 2381233 | Dental Blue Freedom - Low Plan \$1000 CYM; No Ortho | Individual | | \$ 43.39 |
| 2381233 | Dental Blue Freedom - Low Plan \$1000 CYM; No Ortho | 2-Person | | \$ 86.79 |
| 2381233 | Dental Blue Freedom - Low Plan \$1000 CYM; No Ortho | Family | | \$ 126.57 |
| 2381233 | Dental Blue Freedom - New High Plan \$1200 CYM; \$2000 Ortho to age 19 | Individual | | \$ 50.55 |
| 2381233 | Dental Blue Freedom - New High Plan \$1200 CYM; \$2000 Ortho to age 19 | 2-Person | | \$ 101.11 |
| 2381233 | Dental Blue Freedom - New High Plan \$1200 CYM; \$2000 Ortho to age 19 | Family | | \$ 147.45 |
| 20243VIS | Vision | Employee Only | | \$ 5.74 |
| 20243VIS | Vision | employee+children | | \$ 10.05 |
| 20243VIS | Vision | employee+spouse | | \$ 9.76 |
| 20243VIS | Vision | Family | | \$ 15.78 |