

| Benefit Plan | Monthly Employee Costs | |
|---|------------------------|------------|
| | Certified | Classified |
| Wellmark BCBS of IA Alliance Select \$1,000 | | |
| Employee | \$0.00 | \$323.00 |
| Employee + Spouse | \$933.00 | \$1,256.00 |
| Employee + Child(ren) | \$795.00 | \$1,118.00 |
| Family | \$1,842.00 | \$2,165.00 |
| Wellmark BCBS of IA Alliance Select \$5,000 | | |
| Employee | -\$314.00 | \$9.00 |
| Employee + Spouse | \$289.00 | \$612.00 |
| Employee + Child(ren) | \$200.00 | \$523.00 |
| Family | \$876.00 | \$1,199.00 |
| Wellmark BCBS of IA Alliance Select \$4,000HDHP w/ HSA | | |
| Employee | -\$321.00 | \$2.00 |
| Employee + Spouse | \$276.00 | \$599.00 |
| Employee + Child(ren) | \$187.00 | \$510.00 |
| Family | \$856.00 | \$1,179.00 |

| Vision | |
|-----------------------|---------|
| Employee | \$8.56 |
| Employee + Spouse | \$16.20 |
| Employee + Child(ren) | \$17.64 |
| Family | \$24.12 |

| Dental | |
|----------|---------|
| Employee | \$31.32 |
| Family | \$95.40 |

| Lincoln Financial Group LTD (60% of monthly income, or up to \$5000/month) |
|---|
| Incremental Cost based on age |

| Lincoln Financial Group LIFE (cost per \$1000) |
|---|
| Incremental Cost based on age |

| Lincoln Financial Group Dependent Life (\$10,000 dependents, 6 mos-19 years) | |
|---|--------|
| Family | \$2.00 |

| Benefit Plan | Monthly Rates | |
|---|---------------|------------|
| | Certified | Classified |
| Wellmark BCBS of IA Alliance Select \$1,000 | | |
| Employee | \$920.00 | \$920.00 |
| Employee + Spouse | \$1,853.00 | \$1,853.00 |
| Employee + Child(ren) | \$1,715.00 | \$1,715.00 |
| Family | \$2,762.00 | \$2,762.00 |
| Wellmark BCBS of IA Alliance Select \$5,000 | | |
| Employee | \$606.00 | \$606.00 |
| Employee + Spouse | \$1,209.00 | \$1,209.00 |
| Employee + Child(ren) | \$1,120.00 | \$1,120.00 |
| Family | \$1,796.00 | \$1,796.00 |
| Wellmark BCBS of IA Alliance Select \$4,000HDHP w/ HSA | | |
| Employee | \$599.00 | \$599.00 |
| Employee + Spouse | \$1,196.00 | \$1,196.00 |
| Employee + Child(ren) | \$1,107.00 | \$1,107.00 |
| Family | \$1,776.00 | \$1,776.00 |

| Vision | |
|-----------------------|---------|
| Employee | \$8.56 |
| Employee + Spouse | \$16.20 |
| Employee + Child(ren) | \$17.64 |
| Family | \$24.12 |

| Dental | |
|----------|---------|
| Employee | \$31.32 |
| Family | \$95.40 |

| Lincoln Financial Group LTD (60% of monthly income, or up to \$5000/month) |
|---|
| Incremental Cost based on age |

| Lincoln Financial Group LIFE (cost per \$1000) |
|---|
| Incremental Cost based on age |

| Lincoln Financial Group Dependent Life (\$10,000 dependents, 6 mos-19 years) | |
|---|--------|
| Family | \$2.00 |