



2020 ACTIVE FULL-TIME EMPLOYEE BENEFIT RATES

ACTIVE FULL-TIME EMPLOYEE MEDICAL PLAN(S) RATES (12) MONTHLY / (24) BI-WEEKLY RATES			
COVERAGE ELECTION	LOW DEDUCTIBLE		HIGH DEDUCTIBLE
EMPLOYEE ONLY	(12) Monthly \$75.00 (24) Bi-Weekly \$37.50	(12) Monthly \$-0- (24) Bi-Weekly \$-0-	
EMPLOYEE & SPOUSE	(12) Monthly \$220.00 (24) Bi-Weekly \$110.00	(12) Monthly \$80.00 (24) Bi-Weekly \$40.00	
EMPLOYEE & CHILD/CHILDREN	(12) Monthly \$210.00 (24) Bi-Weekly \$105.00	(12) Monthly \$70.00 (24) Bi-Weekly \$35.00	
EMPLOYEE & FAMILY	(12) Monthly \$355.00 (24) Bi-Weekly \$177.50	(12) Monthly \$150.00 (24) Bi-Weekly \$75.00	

ACTIVE FULL-TIME EMPLOYEE DENTAL PLAN(S) RATES (12) MONTHLY / (24) BI-WEEKLY RATES			
COVERAGE ELECTION	DHMO	PPO LOW PLAN	PPO HIGH PLAN
EMPLOYEE ONLY	(12) Monthly \$12.62 (24) Bi-Weekly \$6.31	(12) Monthly \$17.90 (24) Bi-Weekly \$8.95	(12) Monthly \$51.99 (24) Bi-Weekly \$26.00
EMPLOYEE & 1 DEP	(12) Monthly \$23.97 (24) Bi-Weekly \$11.99	(12) Monthly \$35.56 (24) Bi-Weekly \$17.78	(12) Monthly \$78.22 (24) Bi-Weekly \$39.11
EMPLOYEE & FAMILY	(12) Monthly \$35.95 (24) Bi-Weekly \$17.98	(12) Monthly \$52.51 (24) Bi-Weekly \$26.26	(12) Monthly \$135.52 (24) Bi-Weekly \$67.76

ACTIVE FULL-TIME EMPLOYEE VISION PLAN(S) RATES (12) MONTHLY / (24) BI-WEEKLY RATES		
COVERAGE ELECTION	LOW PLAN (12/12/24)	HIGH PLAN (12/12/12)
EMPLOYEE ONLY	(12) Monthly \$6.94 (24) Bi-Weekly \$3.47	(12) Monthly \$9.21 (24) Bi-Weekly \$4.61
EMPLOYEE + FAMILY	(12) Monthly \$17.47 (24) Bi-Weekly \$8.74	(12) Monthly \$20.74 (24) Bi-Weekly \$10.37

ACTIVE FULL-TIME EMPLOYEE LIFE INSURANCE RATES (12) MONTHLY / (24) BI-WEEKLY RATES																												
BASIC GROUP TERM LIFE & Accidental Death & Dismemberment (Employer paid) \$20,000. - To age 70 \$13,000. - 35% coverage reduction @ age 70 thru 74 \$10,000. - 50% coverage reduction @ age 75 & older **For eligible full-time employees only**	\$ -0- (Employer Paid)																											
DEPENDENT TERM LIFE / Life Coverage only, no AD&D Spouse-\$2,000 Child- \$1,000 (Must have dependents covered under the medical plan to be eligible)	(12) Monthly \$0.62 (24) Bi-Weekly \$0.31																											
OPTIONAL EMPLOYEE TERM GROUP LIFE / Life coverage only, no AD&D Based on age & one (1) or two (2) times annual salary to a \$200,000 Maximum	Example: An employee who is 25 years old who earns \$31,512.00 per year, rounded up to the next \$1,000.00. One times= \$32,000.00 ÷ \$1,000.00 = 32 32 x \$.09 = \$2.88 per month. Two times = \$64,000.00 ÷ \$1,000.00 = 64 64 x \$.09 = \$5.76 per month.																											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">age 30 and under</td> <td style="width: 10%;">\$.09</td> <td style="width: 15%;">Rate X \$1,000 of Salary</td> </tr> <tr> <td>31-39</td> <td>\$.14</td> <td>Rate X \$1,000 of Salary</td> </tr> <tr> <td>40-45</td> <td>\$.23</td> <td>Rate X \$1,000 of Salary</td> </tr> <tr> <td>46-50</td> <td>\$.38</td> <td>Rate X \$1,000 of Salary</td> </tr> <tr> <td>51-55</td> <td>\$.61</td> <td>Rate X \$1,000 of Salary</td> </tr> <tr> <td>56-60</td> <td>\$.97</td> <td>Rate X \$1,000 of Salary</td> </tr> <tr> <td>61-65</td> <td>\$1.39</td> <td>Rate X \$1,000 of Salary</td> </tr> <tr> <td>66-69</td> <td>\$2.29</td> <td>Rate X \$1,000 of Salary</td> </tr> <tr> <td>* 70 +</td> <td>\$3.63</td> <td>Rate X \$1,000 of Salary</td> </tr> </table> * 35% coverage reduction @ age 70 thru 74 and 50% coverage reduction @ age 75 & older	age 30 and under	\$.09	Rate X \$1,000 of Salary	31-39	\$.14	Rate X \$1,000 of Salary	40-45	\$.23	Rate X \$1,000 of Salary	46-50	\$.38	Rate X \$1,000 of Salary	51-55	\$.61	Rate X \$1,000 of Salary	56-60	\$.97	Rate X \$1,000 of Salary	61-65	\$1.39	Rate X \$1,000 of Salary	66-69	\$2.29	Rate X \$1,000 of Salary	* 70 +	\$3.63	Rate X \$1,000 of Salary	
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2020 ACTIVE FULL-TIME EMPLOYEE BENEFIT RATES

ACTIVE FULL-TIME EMPLOYEE I.R.S. SECTION 125 CAFETERIA PLAN PARTICIPATION FEES (12) MONTHLY / (24) BI-WEEKLY RATES

PREMIUM ACCOUNT	(12) Monthly \$0.85 (Employer Paid) (24) Bi-Weekly \$0.43 (Employer Paid)
FLEXIBLE SPENDING ACCOUNT (BENNY CARD)	(12) Monthly \$1.75 (24) Bi-Weekly \$0.88
DEPENDENT DAYCARE REIMBURSEMENT ACCOUNT	(12) Monthly \$1.75 (24) Bi-Weekly \$0.88

I.R.S. SECTION 457 OPTIONAL DEFERRED COMPENSATION PLAN FULL-TIME ACTIVE EMPLOYEES

CONTRIBUTIONS ARE PAID 100% BY THE PARTICIPATING EMPLOYEE THROUGH PAYROLL DEDUCTION ACROSS ALL PAY PERIODS IN THE CALENDAR YEAR

SHORT TERM DISABILITY Premium based on Salary and the Benefit Period Selected (Post Tax) (12) Monthly & (24) Bi-Weekly Deductions

EE ONLY COVERAGE ELECTION	50% Benefit	60% Benefit	66% Benefit
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LONG TERM DISABILITY Premium based on Salary and the Benefit Period Selected (Post Tax) (12) Monthly & (24) Bi-Weekly Deductions

EE ONLY COVERAGE ELECTION	50% Benefit	60% Benefit	66% Benefit
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EMPLOYEE ASSISTANCE PROGRAM (ACTIVE FULL-TIME EMPLOYEES AND RETIREES PARTICIPATING IN MEDICAL PLAN)

8 Visits per issue	\$ -0- (Employer Paid)
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COBRA MEDICAL COVERAGE Effective 1.01.2020 MONTHLY RATES

COVERAGE ELECTION	LOW DEDUCTIBLE	HIGH DEDUCTIBLE
EMPLOYEE ONLY	\$562.13	\$444.80
EMPLOYEE + SPOUSE	\$1,079.29	\$854.02
SPOUSE ONLY	\$517.16	\$409.22
EMPLOYEE + CHILD/CHILDREN	\$1,326.63	\$1,049.73
CHILD/CHILDREN ONLY	\$764.50	\$604.93
EMPLOYEE + FAMILY	\$1,871.90	\$1,481.19
FAMILY ONLY	\$1,309.77	\$1,036.39

SEE NEXT PAGE FOR RETIREE MEDICAL PLAN RATES



2020 RETIREE MEDICAL PLAN RATES

RETIREE MEDICAL PLAN RATES WITH 15 YEARS OF CONTINUOUS COVERAGE		
MONTHLY RATES		
COVERAGE ELECTION	LOW DEDUCTIBLE	HIGH DEDUCTIBLE
EMPLOYEE ONLY	\$76.00	\$0-
EMPLOYEE & SPOUSE	\$224.00	\$81.00
EMPLOYEE & CHILD/CHILDREN	\$213.00	\$71.00
EMPLOYEE & FAMILY	\$361.00	\$152.00

RETIREE MEDICAL PLAN RATES WITHOUT 15 YEARS OF CONTINUOUS COVERAGE		
MONTHLY RATES		
COVERAGE ELECTION	LOW DEDUCTIBLE	HIGH DEDUCTIBLE
EMPLOYEE ONLY	\$685.00	\$567.00
EMPLOYEE & SPOUSE	\$833.00	\$648.00
EMPLOYEE & CHILD/CHILDREN	\$823.00	\$638.00
EMPLOYEE & FAMILY	\$970.00	\$719.00