

Healthcare Plans / Cost Per Month - 2015

| Plan Costs (per month): | ACTUAL PLAN COST (MTH) NPOS-Copay | Employee Share Per Mth | Employee Share Per Pay | County Share Per Mth | County Share Per Pay |
|-------------------------|-----------------------------------|------------------------|------------------------|----------------------|----------------------|
| SINGLE | \$504.44 | \$65.58 | \$32.79 | \$438.86 | \$219.43 |
| EE + CHILD(REN) | \$882.80 | \$185.40 | \$92.70 | \$697.40 | \$348.70 |
| EE + SPOUSE | \$1,059.32 | \$222.46 | \$111.23 | \$836.86 | \$418.43 |
| FAMILY | \$1,664.68 | \$299.64 | \$149.82 | \$1,365.04 | \$682.52 |

| COBRA Cost |
|------------|
| NPOS |
| \$514.53 |
| \$900.46 |
| \$1,080.51 |
| \$1,697.97 |

| Plan Costs (per month): | ACTUAL PLAN COST (MTH) CDHP | Employee Share Per Mth | Employee Share Per Pay | County Share Per Mth | County Share Per Pay | 2015 County HSA Contribution (pro-rated for partial yr) |
|-------------------------|-----------------------------|------------------------|------------------------|----------------------|----------------------|---|
| SINGLE | \$399.32 | \$43.92 | \$21.96 | \$355.40 | \$177.70 | \$600 |
| EE + CHILD(REN) | \$698.82 | \$132.78 | \$66.39 | \$566.04 | \$283.02 | \$1,200 |
| EE + SPOUSE | \$838.56 | \$159.32 | \$79.66 | \$679.24 | \$339.62 | \$1,200 |
| FAMILY | \$1,317.76 | \$210.84 | \$105.42 | \$1,106.92 | \$553.46 | \$1,200 |

| COBRA Cost |
|------------|
| CDHP |
| \$407.31 |
| \$712.80 |
| \$855.33 |
| \$1,344.12 |

| Plan Costs (per month): | DENTAL | Employee Share Per Mth | Employee Share Per Pay |
|-------------------------|---------|------------------------|------------------------|
| SINGLE | \$26.08 | \$26.08 | \$13.04 |
| FAMILY | \$74.70 | \$74.70 | \$37.35 |

| COBRA Cost |
|------------|
| Dental |
| \$26.60 |
| \$76.19 |

| Plan Costs (per month): | VISION | Employee Share Per | Employee Share Per Pay |
|-------------------------|---------|--------------------|------------------------|
| SINGLE | \$5.94 | \$5.94 | \$2.97 |
| FAMILY | \$14.98 | \$14.98 | \$7.49 |

| COBRA Cost |
|------------|
| Vision |
| \$6.06 |
| \$15.28 |