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	<b>EMPLOYEE PREMIUMS*</b>	<b>EMPLOYER CONTRIBUTIONS</b>	<b>TOTAL COST</b>
<b>Retirees w/ 1 Medicare Eligible</b>			
Single	31.10	360.69	391.79
w/ Spouse	149.28	1,401.55	1,550.83
Both Employees	55.98	1,494.85	1,550.83
w/ Child(ren)	74.64	673.44	748.08
Family	248.80	1,849.58	2,098.38
Both Employees	62.20	2,036.18	2,098.38
<b>Retirees w/ 2 Medicare Eligible</b>			
w/ Spouse	87.08	692.91	779.99
Both Employees	43.54	736.45	779.99
Family	155.50	806.90	962.40
Both Employees	62.20	900.20	962.40

\*Premiums noted above are the monthly cost to the employee.

\*\*An additional \$100 will be added to this premium if spouse has group coverage available through his/her employer and declines their coverage.

\*\*\*A retiree or a spouse of a retiree eligible for Medicare must enroll in Parts A and B to remain eligible for coverage under our health insurance plan.