

NON-CERTS 07

Effective July 1, 2024 the costs to you on a MONTHLY basis
for the Medical & Prescription benefit are:

| Medical/Prescription Employee Cost Share is: 17% | | | |
|--|-------------------|-----------------------|-----------------------|
| | TOTAL COST | EMPLOYER COSTS | EMPLOYEE COSTS |
| Single | \$ 1,204.19 | \$ 999.47 | \$ 204.72 |
| Employee + 1 | \$ 2,581.07 | \$ 2,142.27 | \$ 438.80 |
| Family | \$ 3,342.60 | \$ 2,774.36 | \$ 568.24 |

Effective July 1, 2024 the costs to you on a MONTHLY basis
for the Dental benefit are:

| Dental Employee Cost Share is: 17% | | | |
|--|-------------------|-----------------------|-----------------------|
| | TOTAL COST | EMPLOYER COSTS | EMPLOYEE COSTS |
| Single | \$ 57.58 | \$ 47.78 | \$ 9.80 |
| Employee + 1 | \$ 104.26 | \$ 86.54 | \$ 17.72 |
| Family | \$ 167.01 | \$ 138.61 | \$ 28.40 |

Effective July 1, 2024 the costs to you on a MONTHLY basis
for the Medical & Prescription benefit are:

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| Medical/Prescription Employee Cost Share is: 19% | | | |
|--|-------------------|-----------------------|-----------------------|
| | TOTAL COST | EMPLOYER COSTS | EMPLOYEE COSTS |
| Single | \$ 1,204.19 | \$ 975.39 | \$ 228.80 |
| Employee + 1 | \$ 2,581.07 | \$ 2,090.67 | \$ 490.40 |
| Family | \$ 3,342.60 | \$ 2,707.48 | \$ 635.12 |

Effective July 1, 2024 the costs to you on a MONTHLY basis
for the Dental benefit are:

| Dental Employee Cost Share is: 19% | | | |
|--|-------------------|-----------------------|-----------------------|
| | TOTAL COST | EMPLOYER COSTS | EMPLOYEE COSTS |
| Single | \$ 57.58 | \$ 46.62 | \$ 10.96 |
| Employee + 1 | \$ 104.26 | \$ 84.42 | \$ 19.84 |
| Family | \$ 167.01 | \$ 135.25 | \$ 31.76 |