

EXHIBIT A-2018 MEDICAL, DENTAL, CORE AND ELECTIVE PREMIUMS

Rates Effective 1/1/2018	Plan Year 2017	Plan Year 2018
Medical Plan-Total Premium		
Total Premium-Employee Only	\$593.12	\$634.64
Total Premium-Employee + Spouse	\$1,214.09	\$1,299.09
Total Premium-Employee + Child(ren)	\$1,040.66	\$1,113.50
Total Premium-Employee + Family	\$1,711.57	\$1,831.37
Medical Employer Share-monthly		
EE Coverage	\$523.12	\$559.74
EE + Spouse	\$951.72	\$1,018.35
EE+Child(ren)	\$815.77	\$872.87
EE+Family	\$1,392.79	\$1,490.28
Medical Employee Share-monthly		
EE Coverage	\$70.00	\$74.90
EE+Spouse	\$262.37	\$280.74
EE+Child(ren)	\$224.89	\$240.63
EE+ Family	\$318.78	\$341.09
Dental Plan-Employee Paid		
Employee Only-monthly	\$34.00	\$34.00
Employee +1-monthly	\$55.00	\$55.00
Employee +2 or more-monthly	\$75.00	\$75.00
Administrative Fees		
	Plan Year 2017	Plan Year 2018
Benefit Administrative Fee-PEPM	\$8.00	\$8.00
HCSA Fee-Per utilizing employee	\$5.15	\$5.15
DCSA Fee-Per utilizing employee	\$5.15	\$5.15
COBRA Medical (includes 2% administrative fee)		
	Plan Year 2017	Plan Year 2018
Individual Only*	\$604.98	\$647.33
Spouse Only	\$633.39	\$677.74
Child(ren)**	\$456.49	\$488.44
Individual +Family	\$1,745.80	\$1,868.00
*Employee or Dependent Child over age 25		
**Dependent Child up thru age 25		
COBRA Dental (includes 2% administrative fee)		
	Plan Year 2017	Plan Year 2018
Employee Only	\$34.68	\$34.68
Employee +1	\$56.10	\$56.10
Employee +2	\$76.50	\$76.50