

<b>EXHIBIT A-2020 MEDICAL, DENTAL, AND ELECTIVE PREMIUMS</b>		
<b>Effective 1/1/2020</b>	<b>Plan Year 2019</b>	<b>Plan Year 2020</b>
<b>Medical Plan-Total Premium</b>		
Total Premium-Employee Only	\$660.04	<b>\$660.04</b>
Total Premium-Employee + Spouse	\$1,351.06	<b>\$1,351.06</b>
Total Premium-Employee + Child(ren)	\$1,158.04	<b>\$1,158.04</b>
Total Premium-Employee + Family	\$1,904.62	<b>\$1,904.62</b>
<b>Medical Employer Share-monthly</b>		
EE Coverage	\$585.14	<b>\$585.14</b>
EE + Spouse	\$1,070.32	<b>\$1,070.32</b>
EE+Child(ren)	\$917.42	<b>\$917.42</b>
EE+Family	\$1,563.54	<b>\$1,563.54</b>
<b>Medical Employee Share-monthly</b>		
EE Coverage	\$74.90	<b>\$74.90</b>
EE+Spouse	\$280.74	<b>\$280.74</b>
EE+Child(ren)	\$240.62	<b>\$240.62</b>
EE+ Family	\$341.08	<b>\$341.08</b>
<b>Dental Plan-Employee Paid</b>		
Employee Only-monthly	\$34.00	<b>\$34.00</b>
Employee +1-monthly	\$55.00	<b>\$55.00</b>
Employee +2 or more-monthly	\$75.00	<b>\$75.00</b>
<b>Vision Plan-Employee Paid-Fully Insured</b>		
Employee Only-monthly	\$4.92	<b>\$4.92</b>
Employee + Spouse	\$9.35	<b>\$9.35</b>
Employee+ Children	\$9.84	<b>\$9.84</b>
Employee+Family	\$14.47	<b>\$14.47</b>
<b>Administrative Fees</b>		
Benefit Administrative Fee-PEPM	\$8.00	<b>\$8.00</b>
HCSA Fee-Per utilizing employee	\$5.15	<b>\$5.15</b>
DCSA Fee-Per utilizing employee	\$5.15	<b>\$5.15</b>
<b>COBRA Medical (includes 2% administrative fee)</b>		
Individual Only*	\$673.24	<b>\$673.24</b>
Spouse Only	\$704.84	<b>\$704.84</b>
Child(ren)**	\$507.96	<b>\$507.96</b>
Employee +Family	\$1,942.73	<b>\$1,942.73</b>
*Employee or Dependent Child over age 25		
**Dependent Child up thru age 25		
<b>COBRA Dental (includes 2% administrative fee)</b>		
Employee Only	\$34.68	<b>\$34.68</b>
Employee +1	\$56.10	<b>\$56.10</b>
Employee +2	\$76.50	<b>\$76.50</b>
<b>COBRA Vision (includes 2% administrative fee)</b>		
Employee Only	\$5.02	<b>\$5.02</b>
Employee + Spouse	\$9.54	<b>\$9.54</b>
Employee+ Children	\$10.04	<b>\$10.04</b>
Employee+Family	\$14.76	<b>\$14.76</b>