

## Monthly Insurance Costs for 2013

| <b>MEDICAL</b>  |                   |                             |                       |                                       |                       |
|---|-------------------|-----------------------------|-----------------------|---------------------------------------|-----------------------|
|   | <b>TOTAL COST</b> | <b>YOU PAY</b>              |                       | <b>MULTICARE PAYS</b>                 |                       |
| <b>myCareSystem – MultiCare (new plan for 2013)</b>   |                   |                             |                       |                                       |                       |
| <b>Full-benefits eligible (.6 to 1.0 FTE)</b>   |                   |                             |                       |                                       |                       |
| Employee Only   | \$788             | \$0                         |                       | \$788                                 |                       |
| Employee & Spouse/DP*   | \$1,578           | \$230                       |                       | \$1,348                               |                       |
| Employee & Children   | \$1,482           | \$136                       |                       | \$1,346                               |                       |
| Employee & Family   | \$2,271           | \$338                       |                       | \$1,933                               |                       |
| <b>Part-benefits eligible (.4 to .59 FTE)</b>   |                   |                             |                       |                                       |                       |
| Employee Only   | \$788             | \$394                       |                       | \$394                                 |                       |
| Employee & Spouse/DP*   | \$1,578           | \$624                       |                       | \$954                                 |                       |
| Employee & Children   | \$1,482           | \$530                       |                       | \$952                                 |                       |
| Employee & Family   | \$2,271           | \$732                       |                       | \$1,539                               |                       |
|   | <b>TOTAL COST</b> | <b>YOU PAY</b>              | <b>MULTICARE PAYS</b> | <b>YOU PAY</b>                        | <b>MULTICARE PAYS</b> |
| <b>Standard PPO (default plan)</b>  |                   | With Healthy@Work savings** |                       | Without Healthy@Work savings          |                       |
| <b>Full-benefits eligible (.6 to 1.0 FTE)</b>   |                   |                             |                       |                                       |                       |
| Employee Only   | \$796             | \$ 15                       | \$781                 | \$ 45                                 | \$751                 |
| Employee & Spouse/DP*   | \$1,594           | \$230                       | \$1,364               | \$260                                 | \$1,334               |
| Employee & Children   | \$1,497           | \$136                       | \$1,361               | \$166                                 | \$1,331               |
| Employee & Family   | \$2,294           | \$338                       | \$1,956               | \$368                                 | \$1,926               |
| <b>Part-benefits eligible (.4 to .59 FTE)</b>   |                   |                             |                       |                                       |                       |
| Employee Only   | \$796             | \$398                       | \$398                 | \$428                                 | \$368                 |
| Employee & Spouse/DP*   | \$1,594           | \$628                       | \$966                 | \$658                                 | \$936                 |
| Employee & Children   | \$1,497           | \$534                       | \$963                 | \$564                                 | \$933                 |
| Employee & Family   | \$2,294           | \$736                       | \$1,558               | \$766                                 | \$1,528               |
| <b>** Employees who completed the 2012 Healthy@Work program (or employees hired after March 1, 2012) save \$30 per month on the Standard PPO plan in 2013</b> |                   |                             |                       |                                       |                       |
|   | <b>TOTAL COST</b> | <b>YOU PAY</b>              | <b>MULTICARE PAYS</b> |                                       |                       |
| <b>High Deductible PPO</b>  |                   |                             | Premium               | Annual HSA Contribution (if eligible) |                       |
| <b>Full-benefits eligible (.6 to 1.0 FTE)</b>   |                   |                             |                       |                                       |                       |
| Employee Only   | \$674             | \$0                         | \$674                 | \$800                                 |                       |
| Employee & Spouse/DP*   | \$1,350           | \$100                       | \$1,250               | \$1,600                               |                       |
| Employee & Children   | \$1,268           | \$50                        | \$1,218               | \$1,600                               |                       |
| Employee & Family   | \$1,943           | \$150                       | \$1,793               | \$1,600                               |                       |
| <b>Part-benefits eligible (.4 to .59 FTE)</b>   |                   |                             |                       |                                       |                       |
| Employee Only   | \$674             | \$337                       | \$337                 | \$400                                 |                       |
| Employee & Spouse/DP*   | \$1,350           | \$437                       | \$913                 | \$800                                 |                       |
| Employee & Children   | \$1,268           | \$387                       | \$881                 | \$800                                 |                       |
| Employee & Family   | \$1,943           | \$487                       | \$1,456               | \$800                                 |                       |

\* Domestic Partner benefits are provided on an after tax basis, unless verified with MHS Benefits as an IRS tax dependent.

|   | TOTAL COST | YOU PAY | MULTICARE PAYS |
|---|------------|---------|----------------|
| <b>Washington Dental Service PPO (and UFCW Scheduled Dental Plan)</b> |            |         |                |
| <b>Full-benefits eligible (.6 to 1.0 FTE)</b>                         |            |         |                |
| Employee Only   | \$50       | \$0     | \$50           |
| Employee & Spouse/DP*   | \$93       | \$43    | \$50           |
| Employee & Children   | \$108      | \$58    | \$50           |
| Employee & Family   | \$150      | \$100   | \$50           |
| <b>Part-benefits eligible (.4 to .59 FTE)</b>                         |            |         |                |
| Employee Only   | \$50       | \$25    | \$25           |
| Employee & Spouse/DP*   | \$93       | \$68    | \$25           |
| Employee & Children   | \$108      | \$83    | \$25           |
| Employee & Family   | \$150      | \$125   | \$25           |

| Opt Out (cash back)                    | Medical | Dental |
|--|---------|--------|
| Full-benefits eligible (.6 to 1.0 FTE) | \$50    | \$7.00 |
| Part-benefits eligible (.4 to .59 FTE) | \$25    | \$3.50 |

| Life Insurance  |             |                  |
|---|-------------|------------------|
| Age-Rated Premiums for Optional Employee and Spouse/DP* Group Term Life Insurance |             |                  |
| Minimum Age   | Maximum Age | Rate per \$1,000 |
| 15  | 24          | \$ .040          |
| 25  | 29          | \$ .056          |
| 30  | 34          | \$ .072          |
| 35  | 39          | \$ .080          |
| 40  | 44          | \$ .096          |
| 45  | 49          | \$ .144          |
| 50  | 54          | \$ .249          |
| 55  | 59          | \$ .416          |
| 60  | 64          | \$ .648          |
| 65  | 69          | \$1.256          |
| 70  | 100         | \$2.031          |

| Accidental Death & Dismemberment |         |                |
|----------------------------------|---------|----------------|
| Level                            | Self    | Self & Family* |
| \$50,000                         | \$1.15  | \$1.80         |
| \$100,000                        | \$2.30  | \$3.60         |
| \$150,000                        | \$3.45  | \$5.40         |
| \$200,000                        | \$4.60  | \$7.20         |
| \$250,000                        | \$5.75  | \$9.00         |
| \$300,000                        | \$6.90  | \$10.80        |
| \$350,000                        | \$8.05  | \$12.60        |
| \$400,000                        | \$9.20  | \$14.40        |
| \$450,000                        | \$10.35 | \$16.20        |
| \$500,000                        | \$11.50 | \$18.00        |

| Child Life Insurance |        |
|----------------------|--------|
| \$10,000 / child     | \$3.06 |

| Flexible Spending Account Annual Maximums |         |
|---|---------|
| Dependent Care (day care)                 | \$5,000 |
| Health Care                               | \$2,500 |

| Long Term Disability Buy-up Option (Staff level) |         |
|--|---------|
| Rate per \$100.00 / covered payroll              | \$0.219 |