

| Insurance Coverage                | Employee Only  | Employee & Spouse<br>2 Employees                | Employee & Child(ren)            | Employee & Family<br>2 Employees & Family |
|-----------------------------------|--|---|----------------------------------|---|
| Health Insurance Plan 1           | \$109.37   | \$416.89<br>\$202.19                            | \$281.60                         | \$570.83<br>\$288.63                      |
| Health Insurance Plan 2           | \$41.25  | \$202.28<br>\$80.30                             | \$127.55                         | \$336.56<br>\$162.05                      |
| Hospital Indemnity - Transamerica | \$16.90  | \$36.12   | \$28.42                          | \$39.99                                   |
| Dental insurance                  | No cost for APSB employee.   | \$30.60 (Emp. + 1 dependent)                    | \$60.15<br>(Emp. + 2 dependents) |   |
| Vision Insurance                  | No cost for APSB employee.   | \$3.50  | \$3.88                           | \$7.78                                    |
| Basic Life Insurance              | No cost for APSB employee.<br>\$50,000 coverage *With age reductions*  | Not eligible for basic life insurance coverage. |                                  |   |
| Supplemental Life and AD&D        | Rates are based upon age and coverage amount. Page 5 of this attachment will show rate calculation: <a href="#">The Standard Supplemental Life AD&amp;D</a>        |   |                                  |   |
| Disability-The Standard           | Rates are based upon annual salary and coverage amount. Page 4-5 of this attachment will show rate calculation: <a href="#">The Standard Disability Highlights</a> | Not eligible for disability coverage.           |                                  |   |
| Accident- The Hartford            | \$12.35  | \$19.47   | \$19.93                          | \$31.68                                   |
| Critical Illness- The Hartford    | Rates are based upon coverage amount, age, and tobacco status.   |   |                                  |   |
| Universal Life- Transamerica      | Rates are based upon coverage amount, age, and tobacco status.   |   |                                  |   |
| Legal Insurance- LegalEASE        | \$17.40 (Employee and all members of employee’s family)  |   |                                  |   |
| Pet Insurance- Spot               | Rates are customizable to each individual employee.  |   |                                  |   |