



The benefit plan premiums published in the 2019 Benefit Guide are bi-weekly premiums, applicable to the majority of our teammates who are paid on a bi-weekly basis. The premiums illustrated below apply to monthly paid teammates.

| Benefit Plan | Monthly Teammate Premium |
|---------------------------------------------------------------------------------|--------------------------|
| Medical Full-time Monthly Rates (30 scheduled hours or greater per week) | |
| LiveWELL Health Plan | |
| Teammate | \$49.29 |
| Teammate + Spouse | \$355.33 |
| Teammate + Working Spouse | \$426.83 |
| Teammate + Children | \$286.00 |
| Family | \$500.50 |
| Family with Working Spouse | \$572.00 |
| LiveWELL Health Plan - Tobacco | |
| Teammate | \$56.33 |
| Teammate + Spouse | \$418.17 |
| Teammate + Working Spouse | \$489.67 |
| Teammate + Children | \$338.00 |
| Family | \$587.17 |
| Family with Working Spouse | \$658.67 |
| Medical Part-time Monthly Rates (24-29 scheduled hours per week) | |
| LiveWELL Health Plan | |
| Teammate | \$69.33 |
| Teammate + Spouse | \$437.67 |
| Teammate + Working Spouse | \$509.17 |
| Teammate + Children | \$355.33 |
| Family | \$613.17 |
| Family with Working Spouse | \$684.67 |
| LiveWELL Health Plan - Tobacco | |
| Teammate | \$80.17 |
| Teammate + Spouse | \$515.67 |
| Teammate + Working Spouse | \$587.17 |
| Teammate + Children | \$420.33 |
| Family | \$723.67 |
| Family with Working Spouse | \$795.17 |
| Dental Full-time Monthly Rates (30 scheduled hours or greater per week) | |
| Teammate | \$19.50 |
| Teammate + Spouse | \$54.17 |
| Teammate + Children | \$65.00 |
| Family | \$93.17 |
| Dental Part-time Monthly Rates (24-29 scheduled hours per week) | |
| Teammate | \$26.00 |
| Teammate + Spouse | \$67.17 |
| Teammate + Children | \$84.50 |
| Family | \$119.17 |
| Vision Full & Part-time Monthly Rates | |
| Teammate | \$12.46 |
| Teammate + One Dependent | \$23.77 |
| Teammate + 2 or More Dependents | \$35.60 |