

| | BASE PLAN | | ENHANCED PLAN | |
|-------------------------------------|----------------------------|----------------|----------------------------|----------------|
| | 24 PAY PERIODS | 12 PAY PERIODS | 24 PAY PERIODS | 12 PAY PERIODS |
| Employee | \$8.91 | \$17.82 | \$19.38 | \$38.76 |
| Employee + spouse | \$25.87 | \$51.74 | \$46.76 | \$93.52 |
| Employee + child(ren) | \$29.08 | \$58.16 | \$47.84 | \$95.68 |
| Family | \$46.04 | \$92.08 | \$75.24 | \$150.48 |
| Deductible | \$25 per covered person | | N/A | |
| Annual maximum benefit ¹ | \$1,000 per covered person | | \$2,000 per covered person | |
| Lifetime orthodontic benefit | \$1,000 | | \$2,000 | |
| Maximum Bonus Account (MBA) limit | N/A | | \$2,000 | |