NEW

3 BCBSM Medicare Advantage Plans SM NO AGE BANDS, NO ZIP CODES, NO DEDUCTIBLES, NATIONWIDE PLANS

These plans offer high-quality benefits beyond Original Medicare. They also include special services and programs only available to BCBSM members. These plans are PPO (Passive Plan) and allow you to see any doctor and/or any hospital with your BCBSM Medicare Advantage Plan. If your Doctor accepts Medicare, they will accept your plan. If they say they do not accept BCBSM, please contact Benistar in order to learn what you can do to have your Medicare services, outside of the standard 80%, covered by BCBSM. These are nationwide plans offered at a flat rate, regardless of preexisting conditions, your age or the State you live in. Our providers have completed a detailed credentialing review process, giving you an additional level of assurance that you are receiving quality care. The BCBSM MA Plans are all inclusive with Medical and Prescription Drug (MAPD). The Diamond Plan mirrors the F Plan with some added benefits!

Members can elect the following BCBSM options listed in the chart below.

| OPTIONS | Diamond | <u>Emerald</u> | <u>Ruby</u> | |
|---|---|----------------------------|----------------------------|--|
| Type Of Network | Passive | Passive | Passive | |
| Out Of Pocket Maximum | \$0 | \$750 | \$4,500 | |
| Deductible | \$0 | \$0 | \$0 | |
| Coinsurance | 0% | 20% | 20% | |
| Inpatient | No Cost | Subject to 20% Coinsurance | Subject to 20% Coinsurance | |
| Outpatient | No Cost | Subject to 20% Coinsurance | Subject to 20% Coinsurance | |
| Office Visit | \$0 | \$5 | \$20 | |
| Chiropractic | \$0 | \$5 | \$20 | |
| Specialist | \$0 | \$15 | \$40 | |
| Urgent Care | \$0 | \$10 | \$50 | |
| Facility Evaluation | No Cost | Subject to 20% Coinsurance | Subject to 20% Coinsurance | |
| Psych | \$0 | \$5 | \$25 | |
| Surgical Services | No Cost | Subject to 20% Coinsurance | Subject to 20% Coinsurance | |
| Other Physician Services | No Cost | Subject to 20% Coinsurance | Subject to 20% Coinsurance | |
| Preventative | No Cost | No Cost | No Cost | |
| Emergency | \$0 | \$75 | \$90 | |
| Ambulance Services | No Cost | Subject to 20% Coinsurance | Subject to 20% Coinsurance | |
| Durable Medical Equipment | No Cost | Subject to 20% Coinsurance | Subject to 20% Coinsurance | |
| Medical & Prescription Drug/ MAPD Rate | | \$224.06 | \$109.04 | |
| | Copays are the only differences in the High PDP and Ruby PDP Plan | | | |

| | DIAMOND MEDICARE PLUS PPO PLAN WITH <mark>HIGH</mark> RX | EMERALD MEDICARE PLUS PPO PLAN WITH <mark>HIGH</mark> RX | RUBY MEDICARE PLUS PPO PLAN WITH <mark>RUBY</mark> RX |
|-----------------------|---|---|--|
| Services | Schedule B | | |
| DDO Bonofit Structure | (In-Network if doctor or hospital | (In-Network if doctor or hospital | (In-Network if doctor or hospita |

| PPO Benefit Structure | accepts Medicare) | accepts Medicare) | accepts Medicare) |
|--|---|---|---|
| Member Out-of-Pocket Cost- Sharing Options | Deductibles, Coinsurances and Copays | Deductibles, Coinsurances and Copays | Deductibles, Coinsurances and Copays |
| Combined Out-of-Pocket Maximum | \$0 | \$750 | \$4,500 |
| Single Deductible | \$0 | \$0 | \$0 |
| Coinsurance | 0% | 20% | 20% |
| > Core Benefits | | | |
| Inpatient Facility Services (No Member Cost-Share - Home Health Care) | No Member Cost-Share | Deductibles, Coinsurances, OOPM Will Apply | Deductibles, Coinsurances, OOPM Will Apply |
| Outpatient Facility Services | No Member Cost-Share | Deductibles, Coinsurances, OOPM Will Apply | Deductibles, Coinsurances, OOPM Will Apply |



| Annual Physical (removes Office Visit cost-share) Included No Member Cost-Share for these Services > Approved Readiological > Approved Readiological > Approved Physical Therapy Included Cost-Share Same as Chiropractic Included Cost-Share Same as if Services Included Cost-Share Same as office Visit Included | (Continued) | | DICARE PLUS PPO TH <mark>HIGH</mark> RX | | DICARE PLUS PPO FH <mark>HIGH</mark> RX | | RE PLUS PPO PLAN <mark>RUBY</mark> RX |
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| these Services these | Silver Sneakers Fitness Program | menucu | | included | | | Cost-Share for |
| Travel and Lodging Included Covered up to Included Covered up to Included Covered up t | | | these Services | | these Services | | these Services |
| | Travel and Lodging | Included | | Included | | Included | Covered up to \$10,000 (must |
| (associated with Human Organ Transplant 510,000 (must 510,000 must 510 | (associated with Human Organ Transplant | | be 100+ miles | | | | be 100+ miles |
| from home) from home) from home) | benefits) | | from home) | | from home) | | from home) |
| Wigs Included No Member Included No Member Included No Member | Wias | Included | | Included | | Included | |
| (includes wig stands and adhesive) Cost-Share for Cost-Share for Cost-Share for | | | | | | | Cost-Share for these Services |
| Copays are the only differences in the High PDP and Ruby PDP Plan. Please refer to the Summary of Benefits to | Consus are the only differences in t | | | D Dian Dica | | Summary | |

Copays are the only differences in the High PDP and Ruby PDP Plan. Please refer to the Summary of Benefits to see the difference in RX Copays. Formulary of ALL BCBSM PDP plans are the same.

Retirees Post-65

BCBSM (High and Low) **Prescription Drug Plans**

We are pleased to announce the prescription drug plan offered by the DSRA Benefit Trust in 2022 will be through BCBSM. The BCBSM RX Plans are Medicare Part D Plans with Express Scripts plan designs.

In 2022, members will also have the opportunity to enroll in Stand-Alone prescription drug coverage with BCBSM in either the High or Low plan. The For complete details about these plans, please refer to the Plan Summary of Coverage on the website at the www.DSRABenefitTrust.net website.

| | HIGH PD | P Plan | LOW P | DP Plan | |
|--|--|-------------------|----------------------------------|-----------------|--|
| Formulary Option | Comprehensive Er | nhanced Formulary | Comprehensive Enhanced Formulary | | |
| Prior Authorization/ Step Therapy | Vec | | Yes | | |
| Rx Deductible | ļ | 50 | \$ | \$0 | |
| | Preferred Rx | Standard Rx | Preferred Rx | Standard Rx | |
| Tier 1 (Preferred Generic) | \$2 | \$10 | \$5 | \$10 | |
| 31-90 Day Supply Mail Order Co | y Supply Mail Order Copay Multiplier | | | | |
| Tier 2 (Generic) | \$2 | \$10 | \$5 | \$10 | |
| 31-90 Day Supply Mail Order Copay Multiplier | | | | | |
| Tier 3 (Preferred Brand) | \$40 | \$50 | \$50 | \$60 | |
| 31-90 Day Supply Mail Order Co | 31-90 Day Supply Mail Order Copay Multiplier | | | | |
| Tier 4 (Non-Preferred) | \$75 | \$100 | \$80 | \$100 | |
| 31-90 Day Supply Mail Order Copay Multiplier | | | | | |
| Tier 5 (Specialty) | 30% member cost | 30% member cost | 35% member cost | 35% member cost | |
| BCBSM Monthly Cost | HIGH F | DP Plan | I OW P | DP Plan | |

BCBSM Monthly Cost for your Prescription **Drug Plan**

| HIGH PDP Plan | LOW PDP Plan |
|---------------|--|
| \$91.90 | \$72.92 |
| | - \$10 admin fee will need to be added to the Standalone PDP Plans |

Price and Copays are the only differences in the High / Low PDP Plan

•Your **formulary** is a list of drugs covered by your plan.

•Out-of-pocket cost is applied based on drug tiers and pharmacy type:

- **Tier 1**= Preferred generic drugs
- Tier 2= Generic
- **Tier 3**= Preferred brand drugs
- **Tier 4**= Non-preferred drugs

Tier 5= Specialty drugs

TTENTION Review the BCBSM formulary to ensure your

medications are covered www.DSRABenefitTrust.net

The BCBSM High and Low plans do not have a coverage gap as with other Part D prescription plans. This means you continue to pay your plan's copay until you reach the catastrophic phase, where your out-ofpocket cost may be lower but never more than your group plan copay.

You have access to more than 62,000 pharmacies nationwide. Including more than 23,000 preferred pharmacies.

Important Prescription Drug Changes for 2022

- Move from AETNA to BCBSM Please look up your drugs on the BCBSM Formulary to find out what tier your drugs are in. AETNA PDP Plans were 5 tier Plans and BCBSM PDP Plans are 5 tier Plans, but your medications could be in different tiers.
- Everyone automatically enrolled in low plan
- Must call Benistar Call Center if you want to enroll in high plan.
- 2 x copay for 3 month supply (Mail Order Copay Multiplier)

The Hartford

The Elite, Premium, Choice and Premium Plus Retiree Medical Plans are available to ALL DSRA Benefit Trust Members in ALL states. New for 2022, members can elect one of two BCBSM prescription drug plans, High or Low to pair with the Hartford medical plan or as a standalone plan. You do not need to enroll in the Hartford medical plan to enroll in the BCBSM prescription drug plan. The Hartford Plans are Medigap/Medicare Secondary plans for traditional Medicare coverage (not a Medicare Advantage Plan).

Premiums for 2022 are summarized in the following charts:

5 Year Bands - Upon the 1st day of your birthday month

The total monthly cost for your coverage is per person per month, and listed below based on your age:

| STANDALONE PLAN RATES Admin fee already included | INSUR | ED'S AGE | BANDED | RATES | |
|---|------------|-----------|-----------|-------------|-----------|
| (plan administration, billing and claims) | 65-69 | 70-74 | 75-79 | 80-84 | 85+ |
| Elite (Mirrors Plan F) | \$ 167.01 | \$ 206.29 | \$ 257.08 | \$ 313.65 | \$ 351.31 |
| Premium Plus Plan (Mirrors Plan G) | \$ 150.10 | \$ 184.82 | \$ 229.75 | \$ 279.76 | \$ 313.06 |
| Premium Plan | \$ 127.47 | \$ 156.06 | \$ 193.18 | \$ 234.45 | \$ 261.92 |
| Choice Plan | \$ 105.78 | \$ 128.61 | \$ 158.13 | \$ 191.02 | \$ 212.90 |
| Florida Residents ONLY | | \$ 224.76 | (NO AGEBA | NDS for FL) | |
| MEDICAL PLAN + HIGH RX PLAN - M | IONTHLY RA | TES | | | |
| Elite (Mirrors Plan F) | \$ 258.91 | \$ 298.19 | \$ 348.98 | \$ 405.55 | \$ 443.21 |
| Premium Plus Plan (Mirrors Plan G) | \$ 242.00 | \$ 276.72 | \$ 321.65 | \$ 371.66 | \$ 404.96 |
| Premium Plan | \$ 219.37 | \$ 247.96 | \$ 285.08 | \$ 326.35 | \$ 353.82 |
| Choice Plan | \$ 197.68 | \$ 220.51 | \$ 250.03 | \$ 282.92 | \$ 304.80 |
| MEDICAL PLAN + LOW RX PLAN - M | ONTHLY RA | TES | | | |
| Elite (Mirrors Plan F) | \$ 239.93 | \$ 279.21 | \$ 330.00 | \$ 386.57 | \$ 424.23 |
| Premium Plus Plan (Mirrors Plan G) | \$ 223.02 | \$ 257.74 | \$ 302.67 | \$ 352.68 | \$ 385.98 |
| Premium Plan | \$ 200.39 | \$ 228.98 | \$ 266.10 | | \$ 334.84 |
| Choice Plan | \$ 178.70 | \$ 201.53 | \$ 231.05 | \$ 263.94 | \$ 285.82 |

*Rates include a \$3.00 DSRA-BT VEBA fee.

DSRA-BT offers four medical plan choices to retirees over the age of 65. All four plans are underwritten by The Hartford. The table below provides a side-by-side comparison of the four medical plans. For complete details about these plans, please refer to the Group Retiree Insurance Plan Summary of Coverage on the <u>www.DSRABenefitTrust.net</u> website.

- Silver&Fit Fitness membership is available to all DSRA Benefit Trust members participating in the Hartford Medical plans. Silver&Fit offers gym membership and online classes. Please visit <u>www.SilverandFit.com</u> to find the participating club nearest you.

- The Hartford plans include a yearly full physical with a \$25 copay, up to a \$500 value, for all plan participants.



Dental & Vision Benefits

DSRA-BT offers dental and vision coverage through Blue Cross Blue Shield of Michigan (BCBSM). If you would like to enroll in dental and vision coverage or change your current elections please contact the Benistar Retiree Call Center at 1-888-588-6682 or access the DSRA-BT enrollment form on the DSRA-BT website – www.dsrabenefittrust.net.

Dental Benefits 2 plans to choose from!

We understand the importance of good dental health. Good oral hygiene is important to your overall health. Regular visits to the dentist can help detect problems like gingivitis and even oral cancer. Plan on visiting your dentist once every six months.

DSRA-BT offers dental coverage through Blue Cross Blue Shield of Michigan (BCBSM). The dental plan provides a wide variety of covered services – either covered in full or partially by the plan. Members will continue to have the choice to enroll in dental and/or vision which requires an application to be completed.

The table below provides an overview of the dental plan benefit. For specific details about the plan, please refer to the Benefits-at-a-Glance summary of benefits on the website at

www.dsrabenefittrust.net.

(Yes) **BCBSM Dental Plan - \$50 Deductible for Class 2 and 3 Services**

| Benefits | Low Plan Coverage | High Plan Coverage |
|--|--|--|
| Deductible (Applies to Class 2 and Class 3 services only) | \$50 per member limited to a maximum of \$150 per family per calendar year | \$50 per member limited to a maximum of \$150 per family per calendar year |
| Class 1 services | 100% Covered | 100% Covered |
| Class 2 services | 80% | 80% |
| Class 3 services | 50% | 50% |
| Class 4 services | Not covered | Not covered |
| Annual maximum for Class 1, 2 and 3 services | \$3,000 per member | \$3,000 per member |
| Lifetime maximum for Class 4 | N/A | N/A |
| Class 3: Major Restorative | 35% | 35% |
| Class 4: Orthodontia | N/A | 50% |

Dental Rates (Standalone or with another option)

The rates below are priced for eligible plan participants enrolling in the Dental Plan Only.

| | Low Plan Rate | High Plan Rate |
|------------|---------------|----------------|
| Single | \$64.75 | \$68.83 |
| Two-Person | \$125.25 | \$133.41 |

An Administration Fee of \$4.25 is INCLUDED in the rate above.

| Dental Rates (Hartford or BCBSM Medicare Advantage) | | |
|---|---------------|----------------|
| The rates below are priced for eligible plan participants enrolling in the Dental Plan with Medical Plan. | | |
| | Low Plan Rate | High Plan Rate |
| Single | \$60.50 | \$64.58 |
| Two-Person | \$121.00 | \$129.16 |
| No admin fee when adding Dental to Hartford or BCBSM Medicare Advantage. | | |

BCBSM Dental Plan – High Dental Plan vs. Low Dental Plan

The Trust offers dental coverage through Blue Cross Blue Shield of Michigan (BCBSM). Members will continue to have the choice to enroll in High or Low dental and/or vision which requires an application to be completed.

The table below provides an overview of the dental plans benefits. For specific details about the plans, please refer to the Benefits-at-a-Glance summary of benefits on the website at www.DSRABenefitTrust.net

LOW PLAN

| Annual Dental Maximum per Person | \$3,000 |
|---|---|
| Class I Service | |
| Includes but not limited to: Oral Exams | \$0 = Your Deductible 0% = Your Coinsurance |
| Bitewing X-rays Full Mouth X- Rays Dental prophylaxis (Teeth Cleaning) Fluoride Treatment - Under 19y/o | * 100% coverage for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area. |
| Class II Service | |
| Includes but not limited to: | \$50 = Your Deductible per member to a maximum of |
| Fillings (for permanent & primary teeth) Root Canal Oral Surgery | \$150 per family per calendar year 20% = Your Coinsurance |
| General anesthesia or IV sedation | * 80% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area. |
| Class III Service | |
| Includes but not limited to: | 50 = Your Deductible 50% = Your Coinsurance |
| Dentures (complete & partial) Occlusal biteguards Endosteal Implants Onlays, crowns and veneer fillings- permanent teeth age 12 and older | * 50% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area. |
| Bridge Installations | |
| Class IV Service | |
| Orthodontic services for dependents under age 19 | Not Covered |
| HIGH PLAN Annual Dental Maximum per Person | \$3,000 |
| Class I Service | |
| Includes but not limited to: Oral Exams Bitewing X-rays Full Mouth X-Rays Dental prophylaxis (Teeth Cleaning) | \$0 = Your Deductible 0% = Your Coinsurance * 100% coverage for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area. |
| Fluoride Treatment - Any age** Class II Service | |
| Includes but not limited to: | \$50 = Your Deductible per memberto a maximum of |
| Fillings (for permanent & primary teeth) | \$150 per family per calendar year 20% = YourCoinsurance |
| Onlays, Crowns, Veneers, Inlays - permanent teeth** Occlusal biteguards** Oral Surgery Root Canal | * 80% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area. |
| Class III Service | |
| Includes but not limited to: Dentures (complete & partial) Endosteal Implants Bridge Installations | \$50 = Your Deductible 50% = Your Coinsurance * 50% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area. |
| Class IV Service | |
| Orthodontic services for dependents under age 19** Class IV Lifetime Maximum per Individual | 50% = YourCoinsurance \$2,500 |

*Before getting any major procedure, make sure to check with your provider for complete rates and coverage information. **Consider these upgraded benefits when selecting the High Plan vs. Low Plan.

Vision Benefits

Your eyes are your windows to wellness. Routine eye exams each year allow your eye doctor to detect symptoms of serious eye disease – such as cataracts, glaucoma, and macular degeneration – and health conditions – such as diabetes, cardiovascular disease, and high blood pressure. Caught early, many of these diseases are treatable. However, left undetected and untreated, these conditions can result in vision loss, a lower quality of life, and higher overall health care costs.

DSRA-BT will continue to offer vision benefits through Blue Cross Blue Shield of Michigan (BCBSM) Blue Vision. The vision plan offers you comprehensive coverage – including eye exams and materials – through VSP, the nation's largest vision care network, with 27,000 doctors and 41,000 locations.

Members will continue to have the choice to enroll in vision and/or dental which requires an application to be completed.

The table below provides an overview of the vision plan benefit. For specific details about the plan, please refer to the Benefits-at-a-Glance summary of benefits on the website at

www.dsrabenefittrust.net. To find a VSP doctor, call 1-800-877-7195 or log on to the VSP website at www.vsp.com.

| 2022 Blue Cross Blue Shield Vision Rates (VSP) | | |
|---|--|--|
| Single \$6.07 | | |
| Two-Person \$12.14 | | |
| Vision plans are only available when purchased with a High or Low Dental plan | | |

Vision plans are only available when purchased with a High or Low Dental plan.



Voluntary Life Benefits

Voluntary life benefits are offered through MetLife Insurance. If you are a Delphi salaried retiree and wish to elect voluntary term life insurance for the first time or make any modifications to your current election, you must complete the MetLife enrollment form and Statement of Health form. (NOTE: Delphi hourly Retirees are not eligible for this voluntary benefit.) Retiree coverage from \$10,000 to \$120,000 and spouse coverage from \$10,000 to \$50,000 is available in \$10,000 increments. Retiree coverage, however, is required for spouse coverage to be available.

MetLife replaces Guardian Life effective 01/01/2022. The premiums reduce an average of 6.3%. The changes and added benefits to the Life Insurance program for DSRA participants effective 01/01/2022:

- Upon death of the Retiree, a surviving Spouse has the option to remain in the DSRA Benefit Trust MetLife Insurance program until the age of 80, at which time they will have the option to move to a Whole Life Insurance plan or to discontinue coverage
- The Spouse will continue to use the age of the Retiree to determine their premium amount if the Spouse elects to continue their MetLife Insurance coverage.
- The Spouse must notify Benistar if they elect to continue coverage with the MetLife Insurance program following the death of the Retiree.
- The Spousal coverage above \$30,000 requires a physical.
- An average of 6.3% decrease in premiums. Age Banded Prices guaranteed for 3 years.

Please review the DSRA-BT website <u>www.DSRABenefitTrust.net</u> for additional information and documents to help you with your Life Insurance questions. Benistar is always available at 1-888-588-6682 to help you or if you need additional information.

Voluntary Life Through MetLife

| AGE | | | | | | | | | | | | | | | | |
|---------------------|-------|----|-------|----|-------|----|--------|----|--------|----|--------|----|--------|----|--------|--|
| Amount | 50-54 | ! | 55-59 | | 60-64 | | 65-69 | | 70-74 | | 75-79 | | 80-84 | | 85-89 | |
| \$10,000 \$ | 2.30 | \$ | 4.30 | \$ | 6.60 | \$ | 12.70 | \$ | 20.60 | \$ | 29.83 | \$ | 48.47 | \$ | 63.38 | |
| \$20,000 \$ | 4.60 | \$ | 8.60 | \$ | 13.20 | \$ | 25.40 | \$ | 41.20 | \$ | 59.66 | \$ | 96.94 | \$ | 126.76 | |
| \$30,000 \$ | 6.90 | \$ | 12.90 | \$ | 19.80 | \$ | 38.10 | \$ | 61.80 | \$ | 89.49 | \$ | 145.41 | \$ | 190.14 | |
| \$40,000 \$ | 9.20 | \$ | 17.20 | \$ | 26.40 | \$ | 50.80 | \$ | 82.40 | \$ | 119.32 | \$ | 193.88 | \$ | 253.52 | |
| \$50,000 \$ | 11.50 | \$ | 21.50 | \$ | 33.00 | \$ | 63.50 | \$ | 103.00 | \$ | 149.15 | \$ | 242.35 | \$ | 316.90 | |
| \$60,000 \$ | 13.80 | \$ | 25.80 | \$ | 39.60 | \$ | 76.20 | \$ | 123.60 | \$ | 178.98 | \$ | 290.82 | \$ | 380.28 | |
| \$70,000 \$ | 16.10 | \$ | 30.10 | \$ | 46.20 | \$ | 88.90 | \$ | 144.20 | \$ | 208.81 | \$ | 339.29 | \$ | 443.66 | |
| \$80,000 \$ | 18.40 | \$ | 34.40 | \$ | 52.80 | \$ | 101.60 | \$ | 164.80 | \$ | 238.64 | \$ | 387.76 | \$ | 507.04 | |
| \$90,000 \$ | 20.70 | \$ | 38.70 | \$ | 59.40 | \$ | 114.30 | \$ | 185.40 | \$ | 268.47 | \$ | 436.23 | \$ | 570.42 | |
| \$100,000 \$ | 23.00 | \$ | 43.00 | \$ | 66.00 | \$ | 127.00 | \$ | 206.00 | \$ | 298.30 | \$ | 484.70 | \$ | 633.80 | |
| \$110,000 \$ | 25.30 | \$ | 47.30 | \$ | 72.60 | \$ | 139.70 | \$ | 226.60 | \$ | 328.13 | \$ | 533.17 | \$ | 697.18 | |
| \$120,000 \$ | 27.60 | \$ | 51.60 | \$ | 79.20 | \$ | 152.40 | \$ | 247.20 | \$ | 357.96 | \$ | 581.64 | \$ | 760.56 | |

Spousal Coverage Voluntary Life Through MetLife

| Estimated Monthly Cost ^{v,vi} | | | | | | | GE | | | | | | | | | |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|--------|-------|--------|-------|--------|
| Amount | 50-54 | | 55-59 | | 60-64 | | 65-69 | | 70-74 | | 75-79 | | 80-84 | | 85-89 | |
| \$10,000 | \$ | 2.30 | \$ | 4.30 | \$ | 6.60 | \$ | 12.70 | \$ | 20.60 | \$ | 29.83 | \$ | 48.47 | \$ | 63.38 |
| \$20,000 | \$ | 4.60 | \$ | 8.60 | \$ | 13.20 | \$ | 25.40 | \$ | 41.20 | \$ | 59.66 | \$ | 96.94 | \$ | 126.76 |
| \$30,000 | \$ | 6.90 | \$ | 12.90 | \$ | 19.80 | \$ | 38.10 | \$ | 61.80 | \$ | 89.49 | \$ | 145.41 | \$ | 190.14 |
| \$40,000 | \$ | 9.20 | \$ | 17.20 | \$ | 26.40 | \$ | 50.80 | \$ | 82.40 | \$ | 119.32 | \$ | 193.88 | \$ | 253.52 |
| \$50,000 | \$ | 11.50 | \$ | 21.50 | \$ | 33.00 | \$ | 63.50 | \$ | 103.00 | \$ | 149.15 | \$ | 242.35 | \$ | 316.90 |

^vThe rates above do NOT include the \$3.50 administration fee. A Fee is only added for the Retiree or Surviving Spouse if they elect to continue coverage. ^vVoluntary life plan rates change in five year increments, i.e. 40, 45, 50, etc. The new rate becomes effective 1/1 after the insured enters a new age category. ^vSpouse costs are based on the retiree's age.

IMPORTANT change – Spouse of retiree has the option of remaining in the plan at the same rate they paid based on retiree's age, until age 80, then move to a whole life plan.