

BARGAINING UNIT MEDICAL PLANS

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|--------------------------------|-----------------|
| <u>CareFirst BCBS Core PPO</u> | <u>*Premium</u> |
| Individual | \$912.57 |
| Two Adults | \$1,907.80 |
| Adult + Child(ren) | \$1,326.94 |
| Two Adults + Child(ren) | \$2,388.06 |

LiUNA BU CareFirst Network Only

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|-------------------------|------------|
| Individual | \$1,116.22 |
| Two Adults | \$2,333.52 |
| Adult + Child(ren) | \$1,623.09 |
| Two Adults + Child(ren) | \$2,920.95 |

Kaiser Permanente HMO

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|-------------------------|------------|
| Individual | \$811.79 |
| Two Adults | \$1,704.68 |
| Adult + Child(ren) | \$1,542.32 |
| Two Adults + Child(ren) | \$2,435.21 |

BARGAINING UNIT VISION PLAN

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|-------------------------|-----------------|
| <u>EyeMed</u> | <u>*Premium</u> |
| Individual | \$5.00 |
| Two Adults | \$8.99 |
| Adult + Child(ren) | \$14.15 |
| Two Adults + Child(ren) | \$14.15 |

BARGAINING UNIT DENTAL PLANS

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|------------------------------|------------------|
| <u>Delta Dental Standard</u> | <u>* Premium</u> |
| Individual | \$26.64 |
| Two Adults | \$57.34 |
| Adult + Child(ren) | \$53.31 |
| Two Adults + Child(ren) | \$115.95 |

Delta Dental Enhanced

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|-------------------------|----------|
| Individual | \$36.31 |
| Two Adults | \$78.07 |
| Adult + Child(ren) | \$72.62 |
| Two Adults + Child(ren) | \$157.94 |

*Includes 2% administrative fee.