## RATES

## Option 1 Plans

| Plan Name | Kaiser Permanente HMO Plan | Providence Personal Option Plan | Providence Option Advantage Plan |
| :---: | :---: | :---: | :---: |
| Your Costs |  |  |  |
| Annual Medical Deductible | \$100/individual \$300/family | \$100/individual \$200/family | \$100/individual \$200/family |
| Annual Medical Out-of-Pocket Maximum | \$600/individual \$1,200/family | \$1,200/individual \$2,400/family | \$1,200/individual \$2,400/family |
| Annual Prescription Out-ofPocket Maximum | Prescription expenses apply to the medical out-of-pocket maximum | \$2,200/individual \$4,400/family | \$2,200/individual \$4,400/family |
| Annual Dental Deductible | \$0 | \$0 | \$0 |
| Monthly Contribution Rates (Includes mandatory self-pay LTD of \$16.78*) |  |  |  |
| Full-Time Member Only | \$16.78 | \$16.78 | \$16.78 |
| Full-Time Member + one dependent | \$29.78 | \$31.78 | \$33.78 |
| Full-Time Member + Family | \$44.78 | \$54.78 | \$55.78 |
| Part-Time Member Only | \$16.78 | \$16.78 | \$16.78 |
| Part-Time Member + one dependent | \$496.30 | \$467.02 | \$573.18 |
| Part-Time Member + Family | \$1,014.14 | \$1,285.76 | \$1,290.30 |

Option 2 Plans

| Plan Name | Kaiser Permanente HMO Plan | Providence Personal Option Plan | Providence Option Advantage Plan |
| :---: | :---: | :---: | :---: |
| Your Costs |  |  |  |
| Annual Medical Deductible | \$100/individual \$300/family | \$100/individual \$200/family | \$100/individual \$200/family |
| Annual Medical Out-of-Pocket Maximum | \$1,200/individual \$2,400/family | \$2,200/individual \$4,400/family | \$2,200/individual \$4,400/family |
| Annual Prescription Out-ofPocket Maximum | Prescription expenses apply to the medical out-of-pocket maximum | \$2,200/individual \$4,400/family | \$2,200/individual \$4,400/family |
| Monthly Contribution Rates (includes mandatory self-pay LTD of \$16.78) |  |  |  |
| Part-Time Member Only | \$0 | \$0 | \$0 |
| Part-Time Member + one dependent | \$206.04 | \$322.82 | \$327.38 |
| Part-Time Member + Family | \$258.54 | \$747.88 | \$755.90 |

* Your Long-Term Disability contribution will be taken out of your paycheck on a post-tax basis.

This is an overview of commonly used services. For additional Plan comparisons, go to sdtrust.com. Rates are evaluated annually and are subject to change. If there is a conflict between this chart and the official Plan documents, provisions of the official Plan documents will govern how the Plans work and how the Plans pay benefits.

