

## Monthly Out-of-Pocket Benefit Premium Costs

### Employer Contribution for July 2011 through June 2012

Active Employees \$ 733 (a)

#### REQUIRED BENEFITS (unless you waive all benefits)

|                                 |                    |                          |             |
|---------------------------------|--------------------|--------------------------|-------------|
| MEDICAL PLAN                    | (rates on page 5)  | Traditional Plan         | \$_____ (b) |
|                                 |                    | New West Managed Care    | \$_____ (b) |
|                                 |                    | PEAK Managed Care        | \$_____ (b) |
|                                 |                    | BCBS Managed Care        | \$_____ (b) |
|                                 |                    | Allegiance Managed Care  | \$_____ (b) |
| DENTAL PLAN                     | (rates on page 17) | Basic                    | \$_____ (c) |
|                                 |                    | Premium                  | \$_____ (c) |
| LIFE INSURANCE                  | (rates on page 23) | Basic Life/AD&D \$10,000 | \$_____ (d) |
|                                 |                    | Basic Life/AD&D \$20,000 | \$_____ (d) |
| LONG TERM DISABILITY            | (rates on page 28) | Option 1                 | \$_____ (e) |
|                                 |                    | Option 2                 | \$_____ (e) |
|                                 |                    | Option 3                 | \$_____ (e) |
| TOTAL REQUIRED BENEFITS PREMIUM |                    | Add lines b,c,d, and e   | \$_____ (f) |

#### OPTIONAL BENEFITS - Pre tax

|   |                    |                       |             |
|---|--------------------|-----------------------|-------------|
| VISION PLAN                               | (rates on page 22) |                       | \$_____ (g) |
| OPTIONAL AD&D                             | (rates on page 24) |                       | \$_____ (h) |
| FLEXIBLE SPENDING ACCOUNT                 |                    | Medical               | \$_____ (i) |
|   |                    | Dependent             | \$_____ (j) |
| TOTAL OPTIONAL BENEFITS PREMIUM (Pre-Tax) |                    | Add lines g,h,i and j | \$_____ (k) |

#### TOTAL MONTHLY OUT-OF-POCKET COSTS FOR BENEFITS JULY 2011 – JUNE 2012

|  |                    |                            |                   |
|--|--------------------|----------------------------|-------------------|
| REQUIRED BENEFITS                          |                    | Enter amount from line (f) | \$_____ (l)       |
| OPTIONAL BENEFITS                          |                    | Enter amount from line (k) | \$_____ (m)       |
| TOTAL BENEFITS                             |                    | Add lines (l) and (m)      | \$_____ (n)       |
| EMPLOYER CONTRIBUTION                      |                    | Amount from line (a)       | \$ <u>733</u> (o) |
| TOTAL MONTHLY OUT-OF-POCKET COST (Pre-Tax) |                    | Add lines (o) and (n)      | \$_____           |
| SUPPLEMENTAL LIFE                          | (rates on page 24) |                            | \$_____ (p)       |
| DEPENDENT LIFE                             | (rates on page 23) |                            | \$_____ (q)       |
| OPTIONAL BENEFITS                          | (Post-Tax)         | Add lines (p) and (q)      | \$_____ (r)       |

Note: If you select the optional Long Term Care benefit, UNUM will provide the rate. This benefit has not been included on this worksheet.  
 \*\*\*\*Your benefit premiums will be applied as pre-tax or post-tax based on amounts eligible for pre-tax vs. post-tax.