

RETIREE PLAN & PREMIUM TABLE

7/1/2020

CATASTROPHE INSURANCE PREMIUMS

7/1/2020 through 8/31/2020 (Policy cancelled Effective 9/1/20)

| CATASTROPHE PLAN | UNDER AGE 40 | 40-49 | 50-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80-84 | 85-89 | 90-94 | 95 AND OVER |
|--|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------|
| CODE 100 MEMBER ONLY PAID BY TRUST | ANNUAL | 58.90 | 117.77 | 190.94 | 290.40 | 322.69 | 356.57 | 402.15 | 449.49 | 454.27 | 463.78 |
| | MONTH | 4.91 | 9.81 | 15.91 | 24.20 | 26.89 | 29.71 | 33.51 | 37.46 | 37.86 | 38.65 |
| CODE 110 MEMBER AND SPOUSE PAID BY RETIREE | ANNUAL | 117.80 | 235.54 | 381.88 | 580.80 | 645.38 | 713.14 | 804.30 | 898.98 | 908.54 | 927.56 |
| | MONTH | 9.82 | 19.63 | 31.82 | 48.40 | 53.78 | 59.43 | 67.03 | 74.92 | 75.71 | 77.30 |
| | Monthly | 4.91 | 9.81 | 15.91 | 24.20 | 26.89 | 29.71 | 33.51 | 37.46 | 37.86 | 38.65 |
| | Annual | 58.90 | 117.77 | 190.94 | 290.40 | 322.69 | 356.57 | 402.15 | 449.49 | 454.27 | 463.78 |
| CODE 101 MEMBER AND CHILD(REN) PAID BY RETIREE | ANNUAL | 129.08 | 187.95 | 261.12 | 360.58 | 393.45 | 429.65 | 477.03 | 528.24 | 533.83 | 545.01 |
| | MONTH | 10.76 | 15.66 | 21.76 | 30.05 | 32.79 | 35.80 | 39.75 | 44.02 | 44.49 | 45.42 |
| | Monthly | 5.85 | 5.85 | 5.85 | 5.85 | 5.90 | 6.09 | 6.24 | 6.56 | 6.63 | 6.77 |
| | Annual | 70.18 | 70.18 | 70.18 | 70.18 | 70.76 | 73.08 | 74.88 | 78.75 | 79.56 | 81.23 |
| CODE 111 FAMILY PAID BY RETIREE | ANNUAL | 187.98 | 305.72 | 452.06 | 650.98 | 716.14 | 786.22 | 879.18 | 977.73 | 988.10 | 1008.79 |
| | MONTH | 15.67 | 25.48 | 37.67 | 54.25 | 59.68 | 65.52 | 73.27 | 81.48 | 82.34 | 84.07 |
| | Monthly | 10.76 | 15.66 | 21.76 | 30.05 | 32.79 | 35.80 | 39.75 | 44.02 | 44.49 | 45.42 |
| | Annual | 129.08 | 187.95 | 261.12 | 360.58 | 393.45 | 429.65 | 477.03 | 528.24 | 533.83 | 545.01 |
| | <i>Premium Paid for Spouse / Children</i> | | | | | | | | | | |

| Dental Options | 2020-2021 Monthly Premium | | | | |
|----------------|------------------------------|----|--------|-----------|-----------------|
| 1 | Retiree | \$ | 35.48 | per month | Paid by Retiree |
| 2, 5 | Retiree & Single Dependent | \$ | 90.63 | per month | Paid by Retiree |
| 3, 6 | Retiree & Multiple Dependent | \$ | 131.35 | per month | Paid by Retiree |

| | | | | | |
|------------------------------|----------------------|----|------|---------|-----------------|
| Legal Plan / Elder Law Rider | Retiree & Dependents | \$ | 7.25 | Monthly | Paid by Retiree |
|------------------------------|----------------------|----|------|---------|-----------------|

| Term Life | 2016-2021 | At retirement the \$ 200,000 Active coverage decreases to \$ 100,000 | | | |
|-----------|------------|--|------------|----------|--|
| | Under Age | 65 | \$ 100,000 | \$ 14.60 | per month Paid by Retiree |
| | From Age | 65 | \$ 65,000 | \$ 9.49 | per month Paid by Retiree |
| | From Age | 70 | \$ 50,000 | \$ 7.30 | per month Paid by Retiree |
| | Child(ren) | | \$ 4,000 | \$ 0.27 | per month Paid by Member |
| | ADD Only | | \$ 100,000 | \$ 2.00 | per month Paid by Trust Fund (reduced coverage at age 65 and 70) |

| | | | | | |
|----------------|-----------|------------|----|-------|------------------------------|
| Vision Options | 7/19-7/21 | Individual | \$ | 8.68 | per month Paid by Trust Fund |
| | | Dependents | \$ | 14.10 | per month Paid by Retiree |

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| MedAmerica Long Term Care - Termination of Coverage |
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(#) Contingent NonForfeiture Benefit is a reduced lifetime maximum benefit equal to the sum of all premiums paid and applied to date, minus any benefits paid (if applicable) OR thirty (30) times the current daily benefit amount, whichever is greater. (See your letter dated April 8, 2011.