

AETNA HEALTH INSURANCE - 2019 POS LOW PLAN				
New Hires and Current Participants				
PLAN	COVERAGE TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	TOTAL PREMIUM
POS LOW	EMPLOYEE ONLY	648.00	-	648.00
POS LOW	EMPLOYEE - ONE CHILD	812.00	164.00	976.00
POS LOW	EMPLOYEE - CHILDREN	968.50	320.50	1,289.00
POS LOW	EMPLOYEE - SPOUSE	1,008.00	360.00	1,368.00
POS LOW	EMPLOYEE - FAMILY	1,233.00	585.00	1,818.00

AETNA HEALTH INSURANCE - 2019 POS HIGH PLAN				
Grandfathered Participants Only				
PLAN	COVERAGE TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	TOTAL PREMIUM
POS HIGH	EMPLOYEE ONLY	648.00	78.00	726.00
POS HIGH	EMPLOYEE - ONE CHILD	812.00	285.00	1,097.00
POS HIGH	EMPLOYEE - CHILDREN	968.50	479.50	1,448.00
POS HIGH	EMPLOYEE - SPOUSE	1,008.00	526.00	1,534.00
POS HIGH	EMPLOYEE - FAMILY	1,233.00	810.00	2,043.00

NOTE: 2019 Rate increase under self-insured plan is .8% .