| Medical Benefits* | | | | | | | | | | |
|---------------------|---------------------------------|------------------------------|---------------------------------|--------------------------------|---------------------------------|---------------------------------|------------------------------|---------------------------------|--------------------------------|---------------------------------|
| | Employee Only | | Employee + Spouse | | | Employee + Children | | Family | | |
| Plan Options: | Without Wellness Discount | With Wellness Discount | Without Wellness Discount | With 1 Wellness Discount | With 2 Wellness Discounts | Without Wellness Discount | With Wellness Discount | Without Wellness Discount | With 1 Wellness Discount | With 2 Wellness Discounts |
| Enhanced PPO | \$103.87 | \$86.56 | \$243.56 | \$226.25 | \$208.94 | \$209.69 | \$192.38 | \$385.70 | \$368.39 | \$351.08 |
| Basic PPO Plan | \$65.18 | \$47.88 | \$164.53 | \$147.22 | \$129.91 | \$135.16 | \$117.85 | \$250.84 | \$233.53 | \$216.22 |
| Value Care PPO Plan | \$51.12 | \$33.81 | \$133.66 | \$116.35 | \$99.04 | \$108.99 | \$91.68 | \$188.83 | \$171.52 | \$154.21 |
| HDHP w/HSA | \$48.46 | \$31.15 | \$119.52 | \$102.21 | \$84.90 | \$102.29 | \$84.99 | \$178.99 | \$161.68 | \$144.38 |

*If you completed the 2022 wellness program (), you can earn discounts on your contributions, and pay less out of each paycheck in 2023. If you previously claimed your 2022 wellness reward in cash/gift cards, then you will pay the non-discounted rate in 2023. *1 Discount = Employee OR Spouse completes wellness activities. 2 Discounts = Employee AND Spouse complete wellness activities.

| Dental Benefits | | | | | | |
|------------------|---------------|-------------------|---------------------|---------|--|--|
| Plan Options: | Employee Only | Employee + Spouse | Employee + Children | Family | | |
| High Dental Plan | \$7.82 | \$15.01 | \$15.76 | \$25.80 | | |
| Low Dental Plan | \$5.82 | \$11.36 | \$11.93 | \$19.20 | | |

| Vision Benefits | | | | | | |
|------------------|---------------|-------------------|---------------------|---------|--|--|
| Plan Options: | Employee Only | Employee + Spouse | Employee + Children | Family | | |
| Base Plan | \$1.91 | \$3.20 | \$3.36 | \$4.72 | | |
| Easy Option Plan | \$5.44 | \$9.14 | \$9.59 | \$13.45 | | |

If your spouse has access to group medical insurance through his/her employer and you choose to cover him/her under the Inframark plan, you will pay a Spousal Surcharge of \$69.23 per pay.

• If you or a covered spouse/domestic partner use tobacco regularly, you will pay an additional \$57.69 per pay for Inframark medical coverage. You can have this surcharge waived by participating in the Health Advocate Tobacco Cessation Program. If it is unreasonably difficult or medically inadvisable for you to attempt to achieve these standards because of a health condition, contact Health Advocate at 855-424-6400. These surcharges are subject to change throughout the year based on any tobacco usage or spousal coverage changes you report.

• If you cover a domestic partner and their child(ren), Inframark is required to calculate the imputed income (also called fair market value) of their health benefits. This means that the imputed income will be added to your W2 and subject to income tax withholding and employment taxes.