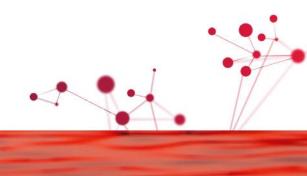


U.S. Benefits Rate Sheets*2018 Open Enrollment

*For Non-SCA Members



2018 MEDICAL RATES

2018 Plans, Monthly Rates and Monthly Surcharges

Benefit Plan	Coverage	Monthly Member Rate	Monthly tobacco Surcharge*	Monthly Working Spouse Surcharge**
	Employee Only	\$90.13	\$50	N/A
CGI Select (BCBS of AL)	Employee + Spouse	\$254.20	\$50	\$100
	Employee + Child(ren)	\$194.71	\$50	N/A
	Family	\$376.79	\$50	\$100
CGI Essential (BCBS of AL)	Employee Only	\$54.55	\$50	N/A
	Employee + Spouse	\$179.49	\$50	\$100
	Employee + Child(ren)	\$130.67	\$50	N/A
	Family	\$266.51	\$50	\$100

Note: Payroll deductions will occur over 26 pay periods in 2018.

^{**} The working spouse surcharge applies to members who elect to cover a spouse or eligible partner under CGI's medical plan. Members will default to working spouse rates unless you specify otherwise during open enrollment.



^{*} The tobacco surcharge applies to members only (not applicable to spouses and dependents). Members will default to tobacco user rates unless you specify otherwise during open enrollment.

2018 DENTAL RATES

2018 Dental Plans and Rates

Benefit Plan	Coverage	Monthly Member Rate	
	Employee Only	\$20.96	
Select Dental (Delta Dental)	Employee + Spouse / Domestic Partner	\$41.92	
(Deita Delital)	Employee + Child(ren)	\$46.10	
	Family	\$67.06	
	Employee Only	\$11.62	
	Employee + Spouse / Domestic Partner	\$23.24	
Essential Dental (Delta Dental)	Employee + Child(ren)	\$25.57	
	Family	\$37.18	



2018 VISION RATES

2018 Vision Plans and Rate

Benefit Plan	Coverage	Member Monthly Rates	
	Employee Only	\$10.93	
	Employee + Spouse / Domestic Partner	\$15.18	
Select Vision (UnitedHealthcare)	Employee + Child(ren)	\$15.91	
	Family	\$28.41	
	Employee Only	\$4.94	
	Employee + Spouse / Domestic Partner	\$9.89	
Essential Vision (UnitedHealthcare)	Employee + Child(ren)	\$10.89	
	Family	\$15.82	
	Employee Only	\$7.09	
	Employee + Spouse / Domestic Partner	\$14.18	
Choice Vision (VSP)	Employee + Child(ren)	\$15.60	
	Family	\$22.69	



2018 SUPPLEMENTAL MEMBER AND SPOUSAL LIFE RATES

	Member Life		Spouse Life	
Age	Smoker (Rate/\$1,000)	Nonsmoker (Rate/\$1,000)	Smoker (Rate/\$1,000)	Nonsmoker (Rate/\$1,000)
Under 25	\$0.039	\$0.029	\$0.041	\$0.031
25–29	\$0.046	\$0.035	\$0.049	\$0.037
30-34	\$0.062	\$0.046	\$0.066	\$0.049
35-39	\$0.070	\$0.056	\$0.074	\$0.055
40-44	\$0.077	\$0.063	\$0.083	\$0.061
45-49	\$0.116	\$0.092	\$0.124	\$0.092
50-54	\$0.178	\$0.145	\$0.190	\$0.141
55-59	\$0.332	\$0.273	\$0.355	\$0.264
60-64	\$0.510	\$0.418	\$0.546	\$0.405
65-69	\$0.982	\$0.784	\$1.050	\$0.780
70-74	\$1.593	\$1.228	\$1.703	\$1.264
75+	\$1.593	\$1.228	\$1.703	\$1.264



Supplemental Accidental Death and Dismemberment and Child Life Insurance Monthly Costs (Member-Paid)

(Rates per \$1,000 in coverage)

Supplemental AD&D and Child Life Rates per \$1,000		
Coverage	Rate/\$1,000	
Supplemental AD&D – Employee	\$0.018	
Supplemental AD&D – Family	\$0.030	
Child Life	\$0.084	

