

MEDICAL BENEFITS AND RATES

Health Net HMO

HN ExcelCare Advantage HMO 45 (Buy up)

Health Net EOA

HN ExcelCare EOA 30 (Buy up)

HN ExcelCare EOA 40 (Base plan)

Kaiser HMO

Kaiser Platinum HMO 0/20 (Buy up)

Kaiser Deductible HMO

Kaiser Gold Ded HMO 1000/40 (Base plan)

PIBT Freedom

PIBT Freedom 45/3250 (Base plan)

PIBT Freedom HSA 6500 (Alternative)

ANCILLARY BENEFITS AND RATES

Dental PPO

Humana Dental PPO CA
(Employer sponsored)

Dental DMO

Humana DMO LS300
(Employer sponsored)

Vision

VSP Standard Plan (Buy up)

Other Benefits

Employee Assistance Program
(Employer sponsored)

Basic Term Life Insurance

\$15,000 (Employee only)
(Employer sponsored)


Voluntary Term Life Insurance

(100% employee paid)

Benefits at a Glance

Buy up

Base

Health Net EOA				
Plan Name	HN EC EOA 30		HN EC EOA 40	
Network	ExcelCare [9]		ExcelCare [9]	
Services Rendered at	PCP	Open Access	PCP	Open Access
Calendar Year Deductible (Individual/Family)	Not Applicable		Not Applicable	
Out-of-pocket maximum (Individual/Family)	\$3,500 / \$10,500	\$5,500 / \$11,000	\$5,500 / \$11,000	\$7,500 / \$15,000
Office Visit (PCP)	\$30	\$50	\$40	\$60
Specialist Visit	\$50		\$60	
Outpatient Surgery/Treatment	\$1,000 per procedure	Not Covered	40% per procedure	Not Covered
Hospital Admission	\$1,000 per admission	Not Covered	40% per admission	Not Covered
X-ray	No Charge		No Charge	
Laboratory	No Charge		No Charge	
Urgent Care	\$50 [45]		\$60 [45]	
Emergency Room	\$100 per visit [45]		\$100 per visit [45]	
Preventive Care	No Charge		No Charge	
Mental Health Office Visit	\$30		\$40	
Prescription Drugs	Generic/Brand/Non-formulary/Specialty		Generic/Brand/Non-formulary/Specialty	
Separate calendar year deductible	Not Applicable		\$300 Brand-Name Drugs (per member)	
Rx out-of-pocket maximum (Individual/Family)	Combined with the Medical out-of-pocket maximum		Combined with the Medical out-of-pocket maximum	
Retail prescriptions (30 day supply)	\$10 / \$30 / \$50 / 30% (\$250 max per prescription) [10]		\$15 / \$40 / \$60 / 30% (\$250 max per prescription) [10]	
Mail order (up to 90-day supply)	\$20 / \$75 / \$125 / Not Available		\$30 / \$100 / \$150 / Not Available	
Dental Coverage				
Pediatric dental coverage	Not Covered		Not Covered	
Vision				
Routine exam	\$30	\$50	\$40	\$60
Frames and lenses	Not Covered		Not Covered	
Plan ID	9072		9647	


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• Prescription drug benefits listed are for participating pharmacies only.

[9] Plan service available ONLY in certain California counties and cities. You must live or work in this select service area in order to enroll in this plan. [10] Some drugs may require prior authorization and are covered only when dispensed by network select participating pharmacies. Mail service may not be covered. A separate drug copay and deductible may apply. [45] When services are provided that meet the criteria for emergency care, whether within our outside the service area, the services are covered through Open Access.

Benefits at a Glance

Buy up

Health Net HMO	
Plan Name	HN EC ADV HMO 45
Network	ExcelCare [9]
Calendar Year Deductible (Individual/Family)	Not Applicable
Out-of-pocket maximum (Individual/Family)	\$5,000 / \$10,000
Office Visit (PCP)	\$45
Specialist Visit	\$45
Outpatient Surgery/Treatment	45% per procedure
Hospital Admission	45% per admission
X-ray	No Charge
Laboratory	No Charge
Urgent Care	\$50
Emergency Room	\$100 per visit
Preventive Care	No Charge
Mental Health Office Visit	\$45
Prescription Drugs	Generic/Brand/Non-formulary/Specialty
Separate calendar year deductible	\$300 Brand-Name Drugs (per member)
Rx out-of-pocket maximum (Individual/Family)	Combined with the Medical out-of-pocket maximum
Retail prescriptions (30 day supply)	\$20 / \$40 / \$60 / 30% (\$250 max) [10]
Mail order (up to 90-day supply)	\$40 / \$100 / \$150 / Not Available
Dental Coverage	
Pediatric dental coverage	Not Covered
Vision	
Routine exam	\$45
Frames and lenses	Not Covered
Plan ID	9068


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• Prescription drug benefits listed are for participating pharmacies only.

[9] Plan service available ONLY in certain California counties and cities. You must live or work in this select service area in order to enroll in this plan. [10] Some drugs may require prior authorization and are covered only when dispensed by network select participating pharmacies. Mail service may not be covered. A separate drug copay and deductible may apply.

Benefits at a Glance

Base

Kaiser	
Plan Name	KP Gold Ded HMO 1000/40
Network	Full
Calendar Year Deductible (Individual/Family)	\$1,000 [2] / \$2,000 [2]
Out-of-pocket maximum (Individual/Family)	\$7,800 / \$15,600 [16]
Office Visit (PCP)	\$40 (No Deductible)
Specialist Visit	\$60 (No Deductible)
Outpatient Surgery/Treatment	\$350 (No Deductible)
Hospital Admission	\$600 per day (After Deductible) \$3,000 Maximum per admission
X-ray	\$60 (No Deductible)
Laboratory	\$30 (No Deductible)
Urgent Care	\$40 (No Deductible)
Emergency Room	\$350 per visit (No Deductible)
Preventive Care	No Charge [17]
Mental Health Office Visit	\$40 (No Deductible)
Prescription Drugs	Generic / Brand / Specialty
Separate calendar year deductible	\$250 Individual / \$500 Family (Except Generic)
Rx out-of-pocket maximum (Individual/Family)	Not Applicable
Retail prescriptions (30 day supply)	\$20 / \$50 / 20% [18]
Mail order (up to 90-day supply)	\$40 / \$100 / Not Covered
Dental Coverage	
Pediatric dental coverage	Refer to plan summary for complete details
Vision	
Routine exam	No Charge (at Kaiser Facility)
Frames and lenses	\$150 allowance every 12 months (with EyeMed Network)
Plan ID	11325


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• Prescription drug benefits listed are for participating pharmacies only.

[2] A calendar year deductible is the amount you pay each calendar year before the carrier pays for covered services under the benefit plan. [16] Each family member becomes eligible for benefits after meeting the individual deductible. A family member can meet the individual annual out-of-pocket maximum before the family out-of-pocket maximum is satisfied. [17] Preventive lab test, X-rays and immunizations are covered as part of the preventive exam. Routine adult physical exams are limited to one exam every 12 months. [18] Specialty Drugs, up to \$250 maximum per prescription.

Benefits at a Glance

Buy up



Kaiser	
Plan Name	KP Platinum HMO 0/20
Network	Full
Calendar Year Deductible (Individual/Family)	Not Applicable
Out-of-pocket maximum (Individual/Family)	\$4,500 / \$9,000 [16]
Office Visit (PCP)	\$20
Specialist Visit	\$30
Outpatient Surgery/Treatment	\$125 per procedure
Hospital Admission	\$250 per day (\$1,250 Maximum per admission)
X-ray	\$30
Laboratory	\$20
Urgent Care	\$20
Emergency Room	\$150 per visit
Preventive Care	No Charge [17]
Mental Health Office Visit	\$20
Prescription Drugs	Generic / Brand / Specialty
Separate calendar year deductible	Not Applicable
Rx out-of-pocket maximum (Individual/Family)	Not Applicable
Retail prescriptions (30 day supply)	\$5 / \$20/ 10% [18]
Mail order (up to 90-day supply)	\$10 / \$40 / Not Covered
Dental Coverage	
Pediatric dental coverage	Refer to plan summary for complete details
Vision	
Routine exam	No Charge (at Kaiser Facility)
Frames and lenses	\$150 allowance every 12 months (with EyeMed Network)
Plan ID	11323

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• Prescription drug benefits listed are for participating pharmacies only.

[16] Each family member becomes eligible for benefits after meeting the individual deductible. A family member can meet the individual annual out-of-pocket maximum before the family out-of-pocket maximum is satisfied. [17] Preventive lab test, X-rays and immunizations are covered as part of the preventive exam. Routine adult physical exams are limited to one exam every 12 months. [18] Specialty Drugs, up to \$250 maximum per prescription.

Benefits at a Glance


PIBT Freedom		
Plan Name	PIBT 45/3250	PIBT HSA 6500
Network	Not Applicable [37]	Not Applicable [37]
Calendar Year Deductible (Individual/Family)	\$3,250 / \$6,500 [2]	\$6,500 / \$13,000 [2]
Out-of-pocket maximum (Individual/Family)	\$7,500 / \$15,000	\$7,050 / \$14,100
Office Visit (PCP)	\$45 (No Deductible) [40]	30% (After Deductible) [40]
Specialist Visit	\$45 (No Deductible) [40]	30% (After Deductible) [40]
Outpatient Surgery/Treatment	25% per visit (After Deductible)	30% per visit (After Deductible)
Hospital Admission	\$250 + 25% per admission (After Deductible)	\$250 + 30% per admission (After Deductible)
X-ray	\$45 per visit [40] (After Deductible)	30% [40] (After Deductible)
Laboratory	\$45 per visit [40] (After Deductible)	30% [40] (After Deductible)
Urgent Care	\$45 (No Deductible)	30% (After Deductible)
Emergency Room	\$250 copay + 25% per visit (After Deductible)	\$250 + 30% per visit (After Deductible)
Preventive Care	No Charge (No Deductible)	No Charge (No Deductible)
Mental Health Office Visit	\$45 (No Deductible)	30% (After Deductible)
Prescription Drugs	Generic/Brand/Non-Pref. Brand/Specialty	Generic/Brand/Non-Pref. Brand/Specialty
Separate calendar year deductible	\$275 per member (Except Generic) [5]	Subject to the calendar year deductible
Rx out-of-pocket maximum (Individual/Family)	Not Applicable	Not Applicable
Retail prescriptions (30-90 day supply)	\$15 / \$30 / \$45 / Specialty Drugs Program [6] [44]	\$10 / \$25 / \$40 / Specialty Drugs Program [6] [44]
Mail order (30-90-day supply)	\$30 / \$60 / \$90 / Specialty Drugs Program [6] [44]	\$20 / \$50 / \$80 / Specialty Drugs Program [6] [44]
Dental Coverage		
Pediatric dental coverage	Not Covered	Not Covered
Vision		
Routine exam	No Charge [8]	No Charge [8]
Frames and lenses	Not Covered	Not Covered
Plan ID	11505	11507

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• Prescription drug benefits listed are for participating pharmacies only.

[2] A calendar year deductible is the amount you pay each calendar year before the carrier pays for covered services under the benefit plan. [5] Accrues toward the calendar year out-of-pocket maximum. [6] Some drugs require prior authorization for medical necessity, or when effective, lower cost alternatives are available. [8] Routine vision screening for children only. [37] Some services require pre-authorization. If these services are rendered by providers as a facility, please refer to the appropriate category under level I of the Benefit Summary for the benefit. [40] For outpatient department of a Hospital, copay may differ. [44] Participation in the Specialty Drugs Program is required for specialty drugs or a 100% copay applies. See your plan document for information about drugs that require prior authorization and drugs that are excluded.

Dental DPO Benefits at a Glance

Plan Features		
Plan Name	Humana PPO CA	
Services Rendered At	In Network	Out of Network
Calendar Year Deductible (Individual/Family)	\$25 / \$75	\$50 / \$150
Calendar Year Maximum	\$1,500 per plan period [22]	
Waiting Period/Major Services	None	
Benefit Levels	Contracted Rate	Contracted Allowance
Preventative Services		
Oral Exams	No Charge (No Deductible)	
Cleanings	No Charge (No Deductible)	
Bitewing X-rays	No Charge (No Deductible)	
Complete X-rays	No Charge (No Deductible)	
Basic Services		
Fillings (composite resin)	10%	20%
Oral Surgery	10%	20%
Major Services		
Crowns (high noble)	40%	50%
Orthodontics		
Lifetime Maximum	\$1,000 per child	
Children up to 19th Birthday	50% (No Deductible)	
Adults	Not Covered	
Plan ID	8663	

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[22] After annual maximum is reached, members receive 30% coinsurance on preventive, basic, and major services for the rest of the plan year (excludes orthodontia).

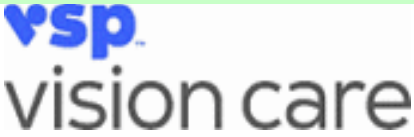
Dental DMO Benefits at a Glance

Plan Features	Humana
Plan Name	Humana DMO LS300
Calendar Year Deductible (Individual/Family)	None
Calendar Year Maximum	None
Waiting Period/Major Services	None
Benefit Levels	Fee Schedule
Preventative Services	
Oral Exams	No Charge
Cleanings	\$8 (2 per 12 months) [26]
Bitewing X-rays	No Charge
Complete X-rays	No Charge
Basic Services	
Fillings (composite resin)	\$16 Copay
Oral Surgery	\$15 Copay [20]
Major Services	
Crowns (high noble)	\$185 Copay [39]
Orthodontics	
Lifetime Maximum	Refer to Schedule of Benefits
Children up to 19th Birthday	\$1,550 Copay [21]
Adults	\$1,695 Copay [21]
Plan ID	7703

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[20] Surgical removal of erupted tooth, impacted tooth, and tooth root. [21] In order to be covered, orthodontic treatment must be received in one continuous course of treatment; must be received in consecutive months and must not exceed 24 consecutive months. [26] No charge for the first 2 per 12 months. \$8 for 3rd or more per 12 months. [39] The total amount chargeable to the member for elective upgraded procedures is \$250.00 per tooth. Providers are required to explain covered benefits as well as any elective differences in materials and fees prior to providing an elective upgraded procedure.


Vision Benefits at a Glance

Plan Features	
Plan Name	VSP Standard
Plan ID	10883
Provider	VSP Provider [30]
Eye Exam	\$10 Copay
Frames	\$20 Copay. \$150 plan allowance, 20% off balance over allowance
Lenses	
Single	\$20 Copay
Bifocal	\$20 Copay
Trifocal	\$20 Copay
Contact Lenses (instead of glasses)	\$150 plan allowance [31]
Frequency	
Examination	Every 12 months
Frame	Every 24 months
Lenses or Contact Lenses	Every 12 months
Monthly Rates, effective 12/01/2022	
Employee	11.22
+Spouse	2.69
+Child	2.69
+Children	11.76
+Family	11.76
Plan ID	10883

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[30] 20% off for certain materials and services accessed through a VSP provider. [31] Allowance for contacts and contact lens exam (fitting and evaluation).

Employee Assistance Program Benefits at a Glance

Plan Features	
Plan Name	EAP MHN
Employee Assistance Program	Counseling services for various life management problems for employees and dependents
Office Visits	\$0 copay with authorization
Deductible	None
Clinical Counseling	
Visits	6 visits per incident per plan period, unlimited incidents
Telephone Counseling	As needed
Web Video Counseling	As needed
Plan ID	3715

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PIASC - \$ 15K Basic Group life & AD&D



Group Life Insurance

Basic Life and Accidental Death & Dismemberment

SUMMARY OF BENEFITS

Class 1

Sponsored By: Printing Industries Association, Inc. of Southern California
Effective Date: January 1, 2019
Policy Number: 01-017864-00

The information in this summary may be replaced by any subsequently issued summary or policy amendment.

Employee Life Benefit

Amount	1.00 x Earnings
Minimum Amount	\$0
Maximum Amount	\$50,000 (Round to the next higher \$1,000)
Guarantee Issue	\$50,000 (Round to the next higher \$1,000)

Benefit Reduction

Original Benefit	70% at age 70
Amount Reduced To	40% at age 75
	35% at age 80

Eligibility

All eligible employees (of a Participating Employer) working a minimum of 20 hours per week.

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Additional Benefit Details

Accelerated Death Benefit	If an employee has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the member. Please refer to your employee certificate for additional information.
Conversion	A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions apply. Please refer to your employee certificate for additional information.
Portability	This coverage may be continued at group rates upon termination of employment. Certain restrictions apply. Please refer to your employee certificate for additional information.
AD&D Riders	Includes Seat Belt, Airbag, Repatriation, Child Education, Day Care and Spouse Education benefits. Please refer to your employee certificate for additional information.

Value Added Services

Beneficiary Companion	Support services for beneficiaries who have experienced a loss.
Travel Assist	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.
Identity Theft Protection	Help is just a phone call away wherever employees travel, including lost wallet protection, translation service and emergency cash.

This summary provides only a brief description of the Life Insurance coverage insured by Symetra Life Insurance Company under the LGC-13000 8/06 series Group Life Insurance policy. For a complete description, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-017864-00. All benefits are subject to the terms and conditions of the Group Policy. If there is a difference between the information in this summary and the information contained in the Group Insurance Certificate, the terms of the Group Insurance Certificate will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

Insured by Symetra Life Insurance Company

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Additional Benefit Details

Accelerated Death Benefit	If an employee has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the employee. Please refer to your member certificate for additional information.
Conversion	A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions apply. Please refer to your employee certificate for additional information.
Portability	This coverage may be continued at group rates upon termination of employment. Certain restrictions apply. Please refer to your employee certificate for additional information.
AD&D Riders	Includes Seat Belt, Airbag, Repatriation, Child Education, Day Care and Spouse Education benefits. Please refer to your employee certificate for additional information.

Calculating Your Cost

Supplemental Employee Life and AD&D:	$\frac{\text{(volume)}}{\text{(volume)}} \times \frac{\text{(rate)}}{\text{(rate)}} / 1,000 =$	$\frac{\$}{\text{Monthly Cost}}$
Supplemental Spouse Life and AD&D:	$\frac{\text{(volume)}}{\text{(volume)}} \times \frac{\text{(rate)}}{\text{(rate)}} / 1,000 =$	$\frac{\$}{\text{Monthly Cost}}$
Supplemental Child Life and AD&D:	$\frac{\text{(volume)}}{\text{(volume)}} \times \frac{.219}{\text{(rate)}} / 1,000 =$	$\frac{\$}{\text{Monthly Cost}}$

*Don't forget there may be age reductions applied


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Insured by Symetra Life Insurance Company

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Voluntary Life and AD&D Benefits at a Glance

Distributed by PIA-SC, Insurance Services Inc.

Plan Features	
Amount	Increments of \$10,000
Maximum Amount	Lesser of \$500,000 or 10 x Earnings
Guarantee Issue (GIA)	\$120,000 (New Hires only)
Age Reduction (Original Benefit Amount reduced to)	65% at age 70 50% at age 75
Eligibility	Full time employee (of participating employer) and their eligible dependents
Evidence of Insurability (EOI)	EOI is required for all amounts of insurance selected after the initial 31-day eligibility period and for any amount in excess of the GIA.
Accelerated Death Benefit	If an employee has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the member.

Spouse

Amount	Increments of \$5,000
Maximum Amount	\$250,000 not to exceed 100% of employee coverage
Guarantee Issue	\$25,000

Child

Child Amount (Birth to 26 yrs.) \$5,000 or maximum of \$10,000

Monthly Employee Rates, effective 12/1/2022

Non-Smoker Benefit	\$10,000	\$50,000	\$80,000	\$120,000
Under 25	0.86	4.30	6.88	10.32
25-29	0.86	4.30	6.88	10.32
30-34	0.95	4.75	7.60	11.40
35-39	1.05	5.25	8.40	12.60
40-44	1.62	8.10	12.96	19.44
45-49	2.28	11.40	18.24	27.36
50-54	3.33	16.65	26.64	39.96
55-59	5.99	29.95	47.92	71.88
60-64	9.69	48.45	77.52	116.28
65-69	17.48	87.40	139.84	209.76
70-74	35.72	178.60	285.76	428.64
75+	35.72	178.60	285.76	428.64
Smoker Benefit	\$10,000	\$50,000	\$80,000	\$120,000
Under 25	1.24	6.20	9.92	14.88
25-29	1.24	6.20	9.92	14.88
30-34	1.33	6.65	10.64	15.96
35-39	1.90	9.50	15.20	22.80
40-44	3.04	15.20	24.32	36.48
45-49	4.75	23.75	38.00	57.00
50-54	7.22	36.10	57.76	86.64
55-59	11.59	57.95	92.72	139.08
60-64	16.82	84.10	134.56	201.84
65-69	26.70	133.50	213.60	320.40
70-74	48.93	244.65	391.44	587.16
75+	48.93	244.65	391.44	587.16



Pay for healthcare expenses with tax-free dollars

Enroll in a TASC Health Savings Account (HSA) so you can use pretax dollars to pay for healthcare expenses and reduce your taxable income.

Below is a partial list of reimbursable expenses that may be incurred by you, your spouse, or qualified dependents.

Eligible Medical Expenses

- Acupuncture
- Bandages
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother's portion, not the coach/spouse (*birthing instruction only*)
- Blood pressure monitor
- Blood sugar test kits/test strips
- Chiropractic therapy/exams/adjustments
- **Coinsurance, Copayments, and Deductibles**
- COBRA healthcare premiums
- Crutches (*purchased or rented*)
- Dental services
- Diabetic supplies and Insulin
- Flu shots
- Hearing aids and batteries (*warranties excluded*)
- Incontinence supplies
- Infertility treatments
- Lactation expenses (*breast pumps, etc.*)
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Optometrist's or ophthalmologist's fees
- Physical exams
- Physical therapy (*as medical treatment*)
- Sales tax on eligible expenses
- Sleep apnea services/products (*as prescribed*)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations
- X-ray fees

Eligible Vision Expenses

- Eye exams
- Eyeglasses, contacts, or safety glasses, **prescription only** (*warranties excluded*)
- Contact lens and contact lens solutions
- Laser eye surgery; LASIK

Eligible OTC Medicines and Drugs

As of January 1, 2020, over-the-counter (OTC) medicines and drugs are reimbursable via FSA, HRA, and HSA.

- Bengay, Flexall, pain relieving creams or gels
- Calamine lotion
- Canker/cold sore relievers
- Cold medicines
- Diaper rash ointment
- GasX, baby gas drops
- Hemorrhoid creams and treatments
- Hydrogen Peroxide or rubbing alcohol
- Indigestion or anti-acid relievers
- Laxatives
- **NEW: Menstrual care products**
- Nicotine patch
- Pain relievers (*Tylenol, Advil, Aspirin, etc*)
- Sinus medicines
- Suppositories
- Teething gel
- Wart removal medication

For individuals over age 65

- Medicare Parts A or B
- Medicare HMO premiums (*Medigap insurance premiums do NOT qualify*)
- Health insurance premiums while receiving unemployment compensation
- Employee share of premiums for employer-sponsored health insurance, including retiree health insurance (*if not already taken before taxes*)

For more information regarding eligible HSA expenses, please review IRS Publication 969 at irs.gov or ask your employer for a copy of your Summary Plan Description (SPD).



Have You Ever

- Needed your Will prepared or updated?
- Signed a contract?
- Received a moving traffic violation?

- Worried about being a victim of identity theft?
- Been concerned about your child's identity?
- Lost your wallet?

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages each
- **Residential Loan Document Assistance** for the purchase of your primary residence
- **Will Preparation** Will/Living Will/Health Care Power of Attorney
- **Non-criminal Moving Traffic Violation Assistance** (15 day waiting period)
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations

The IDShield Membership Includes:

- **Continuous Credit Monitoring** IDShield continuously monitors your credit report. If changes occur, you'll receive an instant alert.
- **Auto-Monitoring** Provides monitoring services directly upon enrollment using member-provided Personally Identifiable Information (PII) such as name, Social Security number and date of birth.
- **Hard Credit Inquiry Alerts** Monitors your credit report for new hard inquiries. When an inquiry is made by the creditor, a notification is triggered in real-time and you will receive an alert.
- **Credit Freeze and Fraud Alert Assistance** We help in placing a credit freeze and/or fraud alert on your credit reports.
- **Unlimited Consultation** On any cyber security issue.
- **Full-Service Restoration** Our Licensed Private Investigators will work tirelessly to restore your identity to its pre-theft status.
- **IDShield Plus Mobile App** Features include identity threat and credit inquiry alerts, the ability to track and edit monitored information and direct access to IDShield Licensed Private Investigators.
- **24/7 Emergency Access** We're here in the event of an identity theft emergency.



Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield Plus mobile apps

Plan	Family Price	Individual Price
LegalShield		
IDShield		
Combined		

Prepared for:

For more information, contact your Independent Associate:

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 years of age living at home or full-time students; dependent children under the age 18 for whom the member is the legal guardian; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 10 dependents up to the ages 18. It also provides consultation and restoration for dependent children age 18 to 26. This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state of residence for complete terms, coverage, amounts, conditions and limitations.

PIASC

Monthly Premiums							
DEPENDENT PREMIUMS DO NOT INCLUDE EMPLOYEE PORTION	Under 30	Under 40	Under 50	Under 55	Under 60	Under 65	65 & Over
Health Net ExcelCare Advantage HMO 45 #9068- Buy up option							
Employee Only	404.39	465.20	597.55	773.74	975.48	1,187.42	1,186.46
Spouse	566.13	651.27	836.55	1,083.21	1,365.65	1,662.34	1,661.00
Child (ren) (No Spouse)	303.29	348.90	448.16	580.30	731.61	890.56	889.84
Spouse & Child (ren)	828.98	953.64	1,224.95	1,586.13	1,999.70	2,434.14	2,432.18
Health Net ExcelCare Advantage HMO 45 #9068- Buy up option				Payroll Deductions			
Employee Only	\$2.15	\$1.76	\$5.04	\$3.02	\$3.55	\$4.21	\$4.59
Spouse	\$3.00	\$2.47	\$7.05	\$4.23	\$4.98	\$5.88	\$6.42
Child (ren) (No Spouse)	\$1.61	\$1.32	\$3.78	\$2.27	\$2.67	\$3.16	\$3.45
Spouse & Child (ren)	\$4.40	\$3.61	\$10.32	\$6.18	\$7.28	\$8.61	\$9.39
Health Net ExcelCare EOA 40 #9647- BASE Plan							
Employee Only	395.09	457.56	575.72	760.65	960.08	1,169.19	1,166.58
Spouse	553.12	640.58	806.00	1,064.89	1,344.09	1,636.84	1,633.19
Child (ren) (No Spouse)	296.31	343.16	431.78	570.47	720.04	876.87	874.91
Spouse & Child (ren)	809.93	938.01	1,180.23	1,559.34	1,968.17	2,396.84	2,391.50
Health Net ExcelCare EOA 30 #9072- Buy up option							
Employee Only	453.69	522.42	667.66	875.53	1,098.82	1,328.14	1,343.53
Spouse	603.42	694.83	888.00	1,164.48	1,461.46	1,766.45	1,786.92
Child (ren) (No Spouse)	353.87	407.48	520.77	682.90	857.07	1,035.93	1,047.94
Spouse & Child (ren)	939.36	1,081.66	1,382.39	1,812.78	2,275.10	2,749.90	2,781.77
Health Net ExcelCare EOA 30 #9072- Buy up option				Payroll Deductions			
Employee Only	\$13.52	\$14.97	\$21.22	\$26.51	\$32.02	\$36.68	\$40.83
Spouse	\$11.61	\$12.52	\$18.92	\$22.98	\$27.09	\$29.91	\$35.48
Child (ren) (No Spouse)	\$13.28	\$14.84	\$20.54	\$25.95	\$31.62	\$36.71	\$39.93
Spouse & Child (ren)	\$29.87	\$33.15	\$46.65	\$58.49	\$70.83	\$81.48	\$90.06
Health Net ExcelCare EOA 40 #9647- BASE Plan							
Employee Only	395.09	457.56	575.72	760.65	960.08	1,169.19	1,166.58
Spouse	553.12	640.58	806.00	1,064.89	1,344.09	1,636.84	1,633.19
Child (ren) (No Spouse)	296.31	343.16	431.78	570.47	720.04	876.87	874.91
Spouse & Child (ren)	809.93	938.01	1,180.23	1,559.34	1,968.17	2,396.84	2,391.50

PIASC

Region 16			
Age	KP Platinum HMO 0/20 #11323- Buy UP	Contribution	Payroll Deductions
0-14	Kaiser Metal Platinum HMO 0/20	314.39	\$10.55
15	Kaiser Metal Platinum HMO 0/20	341.10	\$11.49
16	Kaiser Metal Platinum HMO 0/20	351.31	\$11.85
17	Kaiser Metal Platinum HMO 0/20	361.52	\$12.21
18	Kaiser Metal Platinum HMO 0/20	372.51	\$12.59
19	Kaiser Metal Platinum HMO 0/20	369.52	\$12.98
20	Kaiser Metal Platinum HMO 0/20	380.90	\$13.38
21	Kaiser Metal Platinum HMO 0/20	392.69	\$13.79
22	Kaiser Metal Platinum HMO 0/20	392.69	\$13.79
23	Kaiser Metal Platinum HMO 0/20	392.69	\$13.79
24	Kaiser Metal Platinum HMO 0/20	392.69	\$13.79
25	Kaiser Metal Platinum HMO 0/20	394.26	\$13.85
26	Kaiser Metal Platinum HMO 0/20	402.11	\$14.12
27	Kaiser Metal Platinum HMO 0/20	411.53	\$14.45
28	Kaiser Metal Platinum HMO 0/20	426.85	\$14.99
29	Kaiser Metal Platinum HMO 0/20	439.42	\$15.43
30	Kaiser Metal Platinum HMO 0/20	445.70	\$15.65
31	Kaiser Metal Platinum HMO 0/20	455.12	\$15.98
32	Kaiser Metal Platinum HMO 0/20	464.55	\$16.31
33	Kaiser Metal Platinum HMO 0/20	470.44	\$16.52
34	Kaiser Metal Platinum HMO 0/20	476.72	\$16.74
35	Kaiser Metal Platinum HMO 0/20	479.86	\$16.85
36	Kaiser Metal Platinum HMO 0/20	483.00	\$16.96
37	Kaiser Metal Platinum HMO 0/20	486.14	\$17.07
38	Kaiser Metal Platinum HMO 0/20	489.29	\$17.18
39	Kaiser Metal Platinum HMO 0/20	495.57	\$17.40
40	Kaiser Metal Platinum HMO 0/20	501.85	\$17.62
41	Kaiser Metal Platinum HMO 0/20	511.28	\$17.96
42	Kaiser Metal Platinum HMO 0/20	520.31	\$18.27
43	Kaiser Metal Platinum HMO 0/20	532.87	\$18.71
44	Kaiser Metal Platinum HMO 0/20	548.58	\$19.26
45	Kaiser Metal Platinum HMO 0/20	567.04	\$19.91
46	Kaiser Metal Platinum HMO 0/20	589.03	\$20.69
47	Kaiser Metal Platinum HMO 0/20	613.77	\$21.55
48	Kaiser Metal Platinum HMO 0/20	642.04	\$22.55
49	Kaiser Metal Platinum HMO 0/20	669.92	\$23.52
50	Kaiser Metal Platinum HMO 0/20	701.34	\$24.63
51	Kaiser Metal Platinum HMO 0/20	732.36	\$25.72
52	Kaiser Metal Platinum HMO 0/20	766.52	\$26.92
53	Kaiser Metal Platinum HMO 0/20	801.08	\$28.13
54	Kaiser Metal Platinum HMO 0/20	838.38	\$29.44
55	Kaiser Metal Platinum HMO 0/20	875.69	\$30.75
56	Kaiser Metal Platinum HMO 0/20	916.14	\$32.17
57	Kaiser Metal Platinum HMO 0/20	956.97	\$33.60
58	Kaiser Metal Platinum HMO 0/20	1,000.56	\$35.13
59	Kaiser Metal Platinum HMO 0/20	1,022.16	\$35.89
60	Kaiser Metal Platinum HMO 0/20	1,065.75	\$37.43
61	Kaiser Metal Platinum HMO 0/20	1,103.45	\$38.75
62	Kaiser Metal Platinum HMO 0/20	1,128.19	\$39.62
63	Kaiser Metal Platinum HMO 0/20	1,159.21	\$40.71
64+	Kaiser Metal Platinum HMO 0/20	1,178.07	\$41.37

RATES EFFECTIVE 12/01/2022-11/30/2023

PIASC

Employer paid		
Monthly Premiums <small>DEPENDENT PREMIUMS DO NOT INCLUDE EMPLOYEE PORTION</small>	Humana Dental PPO	Humana DMO LS300
Employee Only	\$ -	\$ -
Spouse	\$ -	\$ -
Child	\$ -	\$ -
Spouse and/or Child(ren)	\$ -	\$ -

Employee Paid	VSP Standard Plan
Monthly Premiums <small>DEPENDENT PREMIUMS DO NOT INCLUDE EE PORTION</small>	
Employee Only	\$2.59
One Dependent	\$0.62
Two or More Dependents	\$2.71

Employer paid	
Monthly Premiums	EAP
Employee Only	\$ -

EFFECTIVE RATES 12/01/2022-11/30/2023

PIASC - Symetra Voluntary Life cost

EMPLOYEE RATES

Have you been tobacco free (cigarettes, cigars, pipe or chewing) for the past 12 months?

Employee Non-Tobacco User Supplemental Life and AD&D Rates (Monthly)												
EMPLOYEE	< 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.86	\$0.86	\$0.95	\$1.05	\$1.62	\$2.28	\$3.33	\$5.99	\$9.69	\$17.48	\$35.72	\$35.72
\$20,000	\$1.72	\$1.72	\$1.90	\$2.10	\$3.24	\$4.56	\$6.66	\$11.98	\$19.38	\$34.96	\$71.44	\$71.44
\$30,000	\$2.58	\$2.58	\$2.85	\$3.15	\$4.86	\$6.84	\$9.99	\$17.97	\$29.07	\$52.44	\$107.16	\$107.16
\$40,000	\$3.44	\$3.44	\$3.80	\$4.20	\$6.48	\$9.12	\$13.32	\$23.96	\$38.76	\$69.92	\$142.88	\$142.88
\$50,000	\$4.30	\$4.30	\$4.75	\$5.25	\$8.10	\$11.40	\$16.65	\$29.95	\$48.45	\$87.40	\$178.60	\$178.60
\$60,000	\$5.16	\$5.16	\$5.70	\$6.30	\$9.72	\$13.68	\$19.98	\$35.94	\$58.14	\$104.88	\$214.32	\$214.32
\$70,000	\$6.02	\$6.02	\$6.65	\$7.35	\$11.34	\$15.96	\$23.31	\$41.93	\$67.83	\$122.36	\$250.04	\$250.04
\$80,000	\$6.88	\$6.88	\$7.60	\$8.40	\$12.96	\$18.24	\$26.64	\$47.92	\$77.52	\$139.84	\$285.76	\$285.76
\$90,000	\$7.74	\$7.74	\$8.55	\$9.45	\$14.58	\$20.52	\$29.97	\$53.91	\$87.21	\$157.32	\$321.48	\$321.48
\$100,000	\$8.60	\$8.60	\$9.50	\$10.50	\$16.20	\$22.80	\$33.30	\$59.90	\$96.90	\$174.80	\$357.20	\$357.20
\$110,000	\$9.46	\$9.46	\$10.45	\$11.55	\$17.82	\$25.08	\$36.63	\$65.89	\$106.59	\$192.28	\$392.92	\$392.92
\$120,000	\$10.32	\$10.32	\$11.40	\$12.60	\$19.44	\$27.36	\$39.96	\$71.88	\$116.28	\$209.76	\$428.64	\$428.64
\$130,000	\$11.18	\$11.18	\$12.35	\$13.65	\$21.06	\$29.64	\$43.29	\$77.87	\$125.97	\$227.24	\$464.36	\$464.36
\$140,000	\$12.04	\$12.04	\$13.30	\$14.70	\$22.68	\$31.92	\$46.62	\$83.86	\$135.66	\$244.72	\$500.08	\$500.08
\$150,000	\$12.90	\$12.90	\$14.25	\$15.75	\$24.30	\$34.20	\$49.95	\$89.85	\$145.35	\$262.20	\$535.80	\$535.80
\$160,000	\$13.76	\$13.76	\$15.20	\$16.80	\$25.92	\$36.48	\$53.28	\$95.84	\$155.04	\$279.68	\$571.52	\$571.52
\$170,000	\$14.62	\$14.62	\$16.15	\$17.85	\$27.54	\$38.76	\$56.61	\$101.83	\$164.73	\$297.16	\$607.24	\$607.24
\$180,000	\$15.48	\$15.48	\$17.10	\$18.90	\$29.16	\$41.04	\$59.94	\$107.82	\$174.42	\$314.64	\$642.96	\$642.96
\$190,000	\$16.34	\$16.34	\$18.05	\$19.95	\$30.78	\$43.32	\$63.27	\$113.81	\$184.11	\$332.12	\$678.68	\$678.68
\$200,000	\$17.20	\$17.20	\$19.00	\$21.00	\$32.40	\$45.60	\$66.60	\$119.80	\$193.80	\$349.60	\$714.40	\$714.40
\$250,000	\$21.50	\$21.50	\$23.75	\$26.25	\$40.50	\$57.00	\$83.25	\$149.75	\$242.25	\$437.00	\$893.00	\$893.00
\$300,000	\$25.80	\$25.80	\$28.50	\$31.50	\$48.60	\$68.40	\$99.90	\$179.70	\$290.70	\$524.40	\$1,071.60	\$1,071.60

Does not include age reductions, use manual calculation on the prior page.

Employee Tobacco User Supplemental Life and AD&D Rates (Monthly)												
EMPLOYEE	< 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$1.24	\$1.24	\$1.33	\$1.90	\$3.04	\$4.75	\$7.22	\$11.59	\$16.82	\$26.70	\$48.93	\$48.93
\$20,000	\$2.48	\$2.48	\$2.66	\$3.80	\$6.08	\$9.50	\$14.44	\$23.18	\$33.64	\$53.40	\$97.86	\$97.86
\$30,000	\$3.72	\$3.72	\$3.99	\$5.70	\$9.12	\$14.25	\$21.66	\$34.77	\$50.46	\$80.10	\$146.79	\$146.79
\$40,000	\$4.96	\$4.96	\$5.32	\$7.60	\$12.16	\$19.00	\$28.88	\$46.36	\$67.28	\$106.80	\$195.72	\$195.72
\$50,000	\$6.20	\$6.20	\$6.65	\$9.50	\$15.20	\$23.75	\$36.10	\$57.95	\$84.10	\$133.50	\$244.65	\$244.65
\$60,000	\$7.44	\$7.44	\$7.98	\$11.40	\$18.24	\$28.50	\$43.32	\$69.54	\$100.92	\$160.20	\$293.58	\$293.58
\$70,000	\$8.68	\$8.68	\$9.31	\$13.30	\$21.28	\$33.25	\$50.54	\$81.13	\$117.74	\$186.90	\$342.51	\$342.51
\$80,000	\$9.92	\$9.92	\$10.64	\$15.20	\$24.32	\$38.00	\$57.76	\$92.72	\$134.56	\$213.60	\$391.44	\$391.44
\$90,000	\$11.16	\$11.16	\$11.97	\$17.10	\$27.36	\$42.75	\$64.98	\$104.31	\$151.38	\$240.30	\$440.37	\$440.37
\$100,000	\$12.40	\$12.40	\$13.30	\$19.00	\$30.40	\$47.50	\$72.20	\$115.90	\$168.20	\$267.00	\$489.30	\$489.30
\$110,000	\$13.64	\$13.64	\$14.63	\$20.90	\$33.44	\$52.25	\$79.42	\$127.49	\$185.02	\$293.70	\$538.23	\$538.23
\$120,000	\$14.88	\$14.88	\$15.96	\$22.80	\$36.48	\$57.00	\$86.64	\$139.08	\$201.84	\$320.40	\$587.16	\$587.16
\$130,000	\$16.12	\$16.12	\$17.29	\$24.70	\$39.52	\$61.75	\$93.86	\$150.67	\$218.66	\$347.10	\$636.09	\$636.09
\$140,000	\$17.36	\$17.36	\$18.62	\$26.60	\$42.56	\$66.50	\$101.08	\$162.26	\$235.48	\$373.80	\$685.02	\$685.02
\$150,000	\$18.60	\$18.60	\$19.95	\$28.50	\$45.60	\$71.25	\$108.30	\$173.85	\$252.30	\$400.50	\$733.95	\$733.95
\$160,000	\$19.84	\$19.84	\$21.28	\$30.40	\$48.64	\$76.00	\$115.52	\$185.44	\$269.12	\$427.20	\$782.88	\$782.88
\$170,000	\$21.08	\$21.08	\$22.61	\$32.30	\$51.68	\$80.75	\$122.74	\$197.03	\$285.94	\$453.90	\$831.81	\$831.81
\$180,000	\$22.32	\$22.32	\$23.94	\$34.20	\$54.72	\$85.50	\$129.96	\$208.62	\$302.76	\$480.60	\$880.74	\$880.74
\$190,000	\$23.56	\$23.56	\$25.27	\$36.10	\$57.76	\$90.25	\$137.18	\$220.21	\$319.58	\$507.30	\$929.67	\$929.67
\$200,000	\$24.80	\$24.80	\$26.60	\$38.00	\$60.80	\$95.00	\$144.40	\$231.80	\$336.40	\$534.00	\$978.60	\$978.60
\$250,000	\$31.00	\$31.00	\$33.25	\$47.50	\$76.00	\$118.75	\$180.50	\$289.75	\$420.50	\$667.50	\$1,223.25	\$1,223.25
\$300,000	\$37.20	\$37.20	\$39.90	\$57.00	\$91.20	\$142.50	\$216.60	\$347.70	\$504.60	\$801.00	\$1,467.90	\$1,467.90

Does not include age reductions, use manual calculation on the prior page.

Symetra® is a registered service mark of Symetra Life Insurance Company.

SPOUSE RATES

Have you been tobacco free (cigarettes, cigars, pipe or chewing) for the past 12 months?

Spouse* Non-Tobacco User Supplemental Life and AD&D Rates (Monthly)										
SPOUSE	< 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	\$0.48	\$0.48	\$0.53	\$0.53	\$0.81	\$1.14	\$1.67	\$3.00	\$4.85	\$8.74
\$10,000	\$0.95	\$0.95	\$1.05	\$1.05	\$1.62	\$2.28	\$3.33	\$5.99	\$9.69	\$17.48
\$15,000	\$1.43	\$1.43	\$1.58	\$1.58	\$2.43	\$3.42	\$5.00	\$8.99	\$14.54	\$26.22
\$20,000	\$1.90	\$1.90	\$2.10	\$2.10	\$3.24	\$4.56	\$6.66	\$11.98	\$19.38	\$34.96
\$25,000	\$2.38	\$2.38	\$2.63	\$2.63	\$4.05	\$5.70	\$8.33	\$14.98	\$24.23	\$43.70
\$30,000	\$2.85	\$2.85	\$3.15	\$3.15	\$4.86	\$6.84	\$9.99	\$17.97	\$29.07	\$52.44
\$35,000	\$3.33	\$3.33	\$3.68	\$3.68	\$5.67	\$7.98	\$11.66	\$20.97	\$33.92	\$61.18
\$40,000	\$3.80	\$3.80	\$4.20	\$4.20	\$6.48	\$9.12	\$13.32	\$23.96	\$38.76	\$69.92
\$45,000	\$4.28	\$4.28	\$4.73	\$4.73	\$7.29	\$10.26	\$14.99	\$26.96	\$43.61	\$78.66
\$50,000	\$4.75	\$4.75	\$5.25	\$5.25	\$8.10	\$11.40	\$16.65	\$29.95	\$48.45	\$87.40
\$55,000	\$5.23	\$5.23	\$5.78	\$5.78	\$8.91	\$12.54	\$18.32	\$32.95	\$53.30	\$96.14
\$60,000	\$5.70	\$5.70	\$6.30	\$6.30	\$9.72	\$13.68	\$19.98	\$35.94	\$58.14	\$104.88
\$65,000	\$6.18	\$6.18	\$6.83	\$6.83	\$10.53	\$14.82	\$21.65	\$38.94	\$62.99	\$113.62
\$70,000	\$6.65	\$6.65	\$7.35	\$7.35	\$11.34	\$15.96	\$23.31	\$41.93	\$67.83	\$122.36
\$75,000	\$7.13	\$7.13	\$7.88	\$7.88	\$12.15	\$17.10	\$24.98	\$44.93	\$72.68	\$131.10
\$80,000	\$7.60	\$7.60	\$8.40	\$8.40	\$12.96	\$18.24	\$26.64	\$47.92	\$77.52	\$139.84
\$85,000	\$8.08	\$8.08	\$8.93	\$8.93	\$13.77	\$19.38	\$28.31	\$50.92	\$82.37	\$148.58
\$90,000	\$8.55	\$8.55	\$9.45	\$9.45	\$14.58	\$20.52	\$29.97	\$53.91	\$87.21	\$157.32
\$95,000	\$9.03	\$9.03	\$9.98	\$9.98	\$15.39	\$21.66	\$31.64	\$56.91	\$92.06	\$166.06
\$100,000	\$9.50	\$9.50	\$10.50	\$10.50	\$16.20	\$22.80	\$33.30	\$59.90	\$96.90	\$174.80
\$125,000	\$11.88	\$11.88	\$13.13	\$13.13	\$20.25	\$28.50	\$41.63	\$74.88	\$121.13	\$218.50
\$150,000	\$14.25	\$14.25	\$15.75	\$15.75	\$24.30	\$34.20	\$49.95	\$89.85	\$145.35	\$262.20

* Spouse rates are based on SPOUSE's age.

Spouse* Tobacco User Supplemental Life and AD&D Rates (Monthly)										
SPOUSE	< 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	\$0.57	\$0.57	\$0.62	\$0.95	\$1.57	\$2.33	\$3.76	\$6.04	\$8.79	\$14.02
\$10,000	\$1.14	\$1.14	\$1.24	\$1.90	\$3.14	\$4.65	\$7.51	\$12.07	\$17.58	\$28.03
\$15,000	\$1.71	\$1.71	\$1.86	\$2.85	\$4.71	\$6.98	\$11.27	\$18.11	\$26.37	\$42.05
\$20,000	\$2.28	\$2.28	\$2.48	\$3.80	\$6.28	\$9.30	\$15.02	\$24.14	\$35.16	\$56.06
\$25,000	\$2.85	\$2.85	\$3.10	\$4.75	\$7.85	\$11.63	\$18.78	\$30.18	\$43.95	\$70.08
\$30,000	\$3.42	\$3.42	\$3.72	\$5.70	\$9.42	\$13.95	\$22.53	\$36.21	\$52.74	\$84.09
\$35,000	\$3.99	\$3.99	\$4.34	\$6.65	\$10.99	\$16.28	\$26.29	\$42.25	\$61.53	\$98.11
\$40,000	\$4.56	\$4.56	\$4.96	\$7.60	\$12.56	\$18.60	\$30.04	\$48.28	\$70.32	\$112.12
\$45,000	\$5.13	\$5.13	\$5.58	\$8.55	\$14.13	\$20.93	\$33.80	\$54.32	\$79.11	\$126.14
\$50,000	\$5.70	\$5.70	\$6.20	\$9.50	\$15.70	\$23.25	\$37.55	\$60.35	\$87.90	\$140.15
\$55,000	\$6.27	\$6.27	\$6.82	\$10.45	\$17.27	\$25.58	\$41.31	\$66.39	\$96.69	\$154.17
\$60,000	\$6.84	\$6.84	\$7.44	\$11.40	\$18.84	\$27.90	\$45.06	\$72.42	\$105.48	\$168.18
\$65,000	\$7.41	\$7.41	\$8.06	\$12.35	\$20.41	\$30.23	\$48.82	\$78.46	\$114.27	\$182.20
\$70,000	\$7.98	\$7.98	\$8.68	\$13.30	\$21.98	\$32.55	\$52.57	\$84.49	\$123.06	\$196.21
\$75,000	\$8.55	\$8.55	\$9.30	\$14.25	\$23.55	\$34.88	\$56.33	\$90.53	\$131.85	\$210.23
\$80,000	\$9.12	\$9.12	\$9.92	\$15.20	\$25.12	\$37.20	\$60.08	\$96.56	\$140.64	\$224.24
\$85,000	\$9.69	\$9.69	\$10.54	\$16.15	\$26.69	\$39.53	\$63.84	\$102.60	\$149.43	\$238.26
\$90,000	\$10.26	\$10.26	\$11.16	\$17.10	\$28.26	\$41.85	\$67.59	\$108.63	\$158.22	\$252.27
\$95,000	\$10.83	\$10.83	\$11.78	\$18.05	\$29.83	\$44.18	\$71.35	\$114.67	\$167.01	\$266.29
\$100,000	\$11.40	\$11.40	\$12.40	\$19.00	\$31.40	\$46.50	\$75.10	\$120.70	\$175.80	\$280.30
\$125,000	\$14.25	\$14.25	\$15.50	\$23.75	\$39.25	\$58.13	\$93.88	\$150.88	\$219.75	\$350.38
\$150,000	\$17.10	\$17.10	\$18.60	\$28.50	\$47.10	\$69.75	\$112.65	\$181.05	\$263.70	\$420.45

* Spouse rates are based on SPOUSE's age.