

NantWorks, LLC

Employee Contributions January 1, 2024 through December 31, 2024

Medical

Anthem HMO	Employee Only	Employee + Spouse	Employee + Child	Employee + Family
Employee Monthly Rate	\$113.75	\$329.88	\$273.00	\$455.02
Employee Bi-Weekly Payroll Deduction	\$52.50	\$152.25	\$126.00	\$210.01

Anthem PPO (CA & OOS)	Employee Only	Employee + Spouse	Employee + Child	Employee + Family
Employee Monthly Rate	\$134.55	\$390.17	\$322.90	\$538.16
Employee Bi-Weekly Payroll Deduction	\$62.10	\$180.08	\$149.03	\$248.38

United Healthcare Medical Plan	Employee Only	Employee + 1	Employee + 2 or More
Employee Monthly Rate	\$0.00	\$0.00	\$0.00
Employee Bi-Weekly Payroll Deduction	\$0.00	\$0.00	\$0.00

Dental

Lincoln Financial DHMO	Employee Only	Employee + Spouse	Employee + Child	Employee + Family
Employee Monthly Rate	\$3.42	\$6.67	\$7.22	\$10.44
Employee Bi-Weekly Payroll Deduction	\$1.58	\$3.08	\$3.33	\$4.82

Lincoln Financial Low PPO Plan	Employee Only	Employee + Spouse	Employee + Child	Employee + Family
Employee Monthly Rate	\$10.05	\$20.54	\$24.33	\$37.40
Employee Bi-Weekly Payroll Deduction	\$4.64	\$9.48	\$11.23	\$17.26

Lincoln Financial High PPO Plan	Employee Only	Employee + Spouse	Employee + Child	Employee + Family
Employee Monthly Rate	\$10.38	\$21.13	\$24.70	\$38.09
Employee Bi-Weekly Payroll Deduction	\$4.79	\$9.75	\$11.40	\$17.58

United Healthcare Dental PPO Plan	Employee Only	Employee + 1	Employee + 2 or More
Employee Monthly Rate	\$0.00	\$0.00	\$0.00
Employee Bi-Weekly Payroll Deduction	\$0.00	\$0.00	\$0.00

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Voluntary Vision

EyeMed Base	Employee Only	Employee + Spouse	Employee + Child	Employee + Family
Employee Monthly Rate	\$5.53	\$10.51	\$11.06	\$16.26
Employee Bi-Weekly Payroll Deduction	\$2.55	\$4.85	\$5.10	\$7.50

EyeMed Enhanced	Employee Only	Employee + Spouse	Employee + Child	Employee + Family
Employee Monthly Rate	\$10.30	\$19.56	\$20.59	\$30.27
Employee Bi-Weekly Payroll Deduction	\$4.75	\$9.03	\$9.50	\$13.97

United Healthcare Vision Plan	Employee Only	Employee + 1	Employee + 2 or More
Employee Monthly Rate	\$0.00	\$0.00	\$0.00
Employee Bi-Weekly Payroll Deduction	\$0.00	\$0.00	\$0.00

Voluntary Life/AD&D

Lincoln Financial Voluntary Life/AD&D	Voluntary Life	AD&D	Monthly Total	Bi-Weekly Total
Rate Per \$1,000				
Age < 25 - 29	\$0.054	\$0.028	\$0.082	\$0.038
Age 30 - 34	\$0.054	\$0.028	\$0.082	\$0.038
Age 35 - 39	\$0.061	\$0.028	\$0.089	\$0.041
Age 40 - 44	\$0.108	\$0.028	\$0.136	\$0.063
Age 45 - 49	\$0.162	\$0.028	\$0.190	\$0.088
Age 50 - 54	\$0.216	\$0.028	\$0.244	\$0.113
Age 55 - 59	\$0.405	\$0.028	\$0.433	\$0.200
Age 60 - 64	\$0.594	\$0.028	\$0.622	\$0.287
Age 65 - 69	\$0.891	\$0.028	\$0.919	\$0.424
Age 70 +	\$1.863	\$0.028	\$1.891	\$0.873
Spouse Life Rate Per \$1,000 of Benefit	\$0.171	\$0.028	\$0.199	\$0.092
Child Life Rate Per \$1,000 of Benefit	\$0.232	\$0.028	\$0.260	\$0.120

Disability

Lincoln Financial STD	STD - Buy-Up
Monthly Rate Per \$10	\$0.162
Bi-Weekly Rate Per \$10	\$0.075

Lincoln Financial LTD	LTD - Buy-Up
Monthly Rate Per \$100	\$0.280
Bi-Weekly Rate Per \$100	\$0.129

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Voluntary Accident & Critical Illness

Lincoln Financial Accident Plan	Employee Only	Employee + Spouse	Employee + Child	Employee + Family
Low Plan - Monthly Rates	\$6.73	\$11.79	\$14.02	\$18.84
Employee Bi-Weekly Payroll Deduction	\$3.11	\$5.44	\$6.47	\$8.70
High Plan - Monthly Rates	\$11.55	\$19.80	\$22.56	\$29.23
Employee Bi-Weekly Payroll Deduction	\$5.33	\$9.14	\$10.41	\$13.49

Lincoln Financial Critical Illness	Employee Only	Spouse	Employee Only	Spouse
Coverage (Non-Tobacco)	Monthly Rate per \$1,000		Bi-Weekly Payroll Deduction	
<25	\$0.22	\$0.22	\$0.10	\$0.10
25-29	\$0.27	\$0.27	\$0.12	\$0.12
30-34	\$0.39	\$0.39	\$0.18	\$0.18
35-39	\$0.54	\$0.54	\$0.25	\$0.25
40-44	\$0.88	\$0.88	\$0.41	\$0.41
45-49	\$1.30	\$1.30	\$0.60	\$0.60
50-54	\$1.96	\$1.96	\$0.90	\$0.90
55-59	\$2.62	\$2.62	\$1.21	\$1.21
60-64	\$3.69	\$3.69	\$1.70	\$1.70
65-69	\$5.20	\$5.20	\$2.40	\$2.40
70+	\$5.28	\$5.28	\$2.44	\$2.44

Lincoln Financial Critical Illness	Employee Only	Spouse	Employee Only	Spouse
Coverage (Tobacco)	Monthly Rate per \$1,000		Bi-Weekly Payroll Deduction	
<25	\$0.24	\$0.24	\$0.11	\$0.11
25-29	\$0.34	\$0.34	\$0.16	\$0.16
30-34	\$0.49	\$0.49	\$0.22	\$0.22
35-39	\$0.73	\$0.73	\$0.34	\$0.34
40-44	\$1.29	\$1.29	\$0.59	\$0.59
45-49	\$2.17	\$2.17	\$1.00	\$1.00
50-54	\$3.30	\$3.30	\$1.52	\$1.52
55-59	\$4.78	\$4.78	\$2.21	\$2.21
60-64	\$7.08	\$7.08	\$3.27	\$3.27
65-69	\$10.52	\$10.52	\$4.86	\$4.86
70+	\$13.25	\$13.25	\$6.12	\$6.12

Child Coverage - Rate per \$1,000	\$0.351	\$0.162
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MetLaw - Legal Plan

MetLife MetLaw - Legal Plan	Employee Only	Employee + Spouse	Employee + Child	Employee + Family
Monthly Rates			\$16.75	
Employee Bi-Weekly Payroll Deduction			\$7.73	

Norton LifeLock - Identity Theft

Norton LifeLock - Benefit Essential	Employee Only	Employee + 1 or more
Monthly Rates	\$8.49	\$16.98
Employee Bi-Weekly Payroll Deduction	\$3.92	\$7.84

Norton LifeLock - Benefit Premier	Employee Only	Employee + 1 or more
Monthly Rates	\$25.49	\$50.98
Employee Bi-Weekly Payroll Deduction	\$11.76	\$23.53