

ImmunityBio
2025 Plan Year Rate Sheet
Effective January 1, 2025

Medical

| Blue Shield HMO | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee+ Family |
|-----------------------------|---------------|-------------------|-----------------------|------------------|
| Monthly Rates | \$759.85 | \$1,671.68 | \$1,367.75 | \$2,355.53 |
| Employer Monthly Rate | \$607.88 | \$1,337.34 | \$1,094.20 | \$1,884.42 |
| Employee Monthly Rate | \$151.97 | \$334.34 | \$273.55 | \$471.11 |
| Bi-Weekly Payroll Deduction | \$70.14 | \$154.31 | \$126.25 | \$217.44 |
| Monthly COBRA Rate | \$775.05 | \$1,705.11 | \$1,395.11 | \$2,402.64 |

| | | |
|----------------|-----------|-------------------------|
| Rate Guarantee | 12 months | (1/1/2025 - 12/31/2025) |
|----------------|-----------|-------------------------|

| Blue Shield PPO | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee+ Family |
|-----------------------------|---------------|-------------------|-----------------------|------------------|
| Monthly Rates | \$926.92 | \$2,037.48 | \$1,667.03 | \$2,871.01 |
| Employer Monthly Rate | \$741.54 | \$1,629.98 | \$1,333.62 | \$2,296.81 |
| Employee Monthly Rate | \$185.38 | \$407.50 | \$333.41 | \$574.20 |
| Bi-Weekly Payroll Deduction | \$85.56 | \$188.08 | \$153.88 | \$265.02 |
| Monthly COBRA Rate | \$945.46 | \$2,078.23 | \$1,700.37 | \$2,928.43 |

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|----------------|-----------|-------------------------|
| Rate Guarantee | 12 months | (1/1/2025 - 12/31/2025) |
|----------------|-----------|-------------------------|

Dental

| Delta DPPO Low | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee+ Family |
|-----------------------------|---------------|-------------------|-----------------------|------------------|
| Monthly Rates | \$49.85 | \$101.82 | \$120.56 | \$185.42 |
| Employer Monthly Rate | \$39.88 | \$81.46 | \$96.45 | \$148.34 |
| Employee Monthly Rate | \$9.97 | \$20.36 | \$24.11 | \$37.08 |
| Bi-Weekly Payroll Deduction | \$4.60 | \$9.40 | \$11.13 | \$17.11 |
| Monthly COBRA Rate | \$50.85 | \$103.86 | \$122.97 | \$189.13 |

| | | |
|----------------|-----------|-------------------------|
| Rate Guarantee | 24 months | (1/1/2025 - 12/31/2026) |
|----------------|-----------|-------------------------|

| Delta DPPO High | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee+ Family |
|-----------------------------|---------------|-------------------|-----------------------|------------------|
| Monthly Rates | \$51.47 | \$104.76 | \$122.39 | \$188.78 |
| Employer Monthly Rate | \$41.18 | \$83.81 | \$97.91 | \$151.02 |
| Employee Monthly Rate | \$10.29 | \$20.95 | \$24.48 | \$37.76 |
| Bi-Weekly Payroll Deduction | \$4.75 | \$9.67 | \$11.30 | \$17.43 |
| Monthly COBRA Rate | \$52.50 | \$106.86 | \$124.84 | \$192.56 |

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|----------------|-----------|-------------------------|
| Rate Guarantee | 24 months | (1/1/2025 - 12/31/2026) |
|----------------|-----------|-------------------------|

| Delta DHMO | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee+ Family |
|-----------------------------|---------------|-------------------|-----------------------|------------------|
| Monthly Rates | \$15.75 | \$30.70 | \$33.21 | \$48.01 |
| Employer Monthly Rate | \$12.60 | \$24.56 | \$26.57 | \$38.41 |
| Employee Monthly Rate | \$3.15 | \$6.14 | \$6.64 | \$9.60 |
| Bi-Weekly Payroll Deduction | \$1.45 | \$2.83 | \$3.06 | \$4.43 |
| Monthly COBRA Rate | \$16.07 | \$31.31 | \$33.87 | \$48.97 |

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|----------------|-----------|-------------------------|
| Rate Guarantee | 24 months | (1/1/2025 - 12/31/2026) |
|----------------|-----------|-------------------------|

| Vision | | | | |
|-----------------------------|----------------|-------------------------|-----------------------|------------------|
| EyeMed Base Plan | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee+ Family |
| Monthly Rates | \$5.53 | \$10.51 | \$11.06 | \$16.26 |
| Employer Monthly Rate | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Employee Monthly Rate | \$5.53 | \$10.51 | \$11.06 | \$16.26 |
| Bi-Weekly Payroll Deduction | \$2.55 | \$4.85 | \$5.10 | \$7.50 |
| Monthly COBRA Rate | \$5.64 | \$10.72 | \$11.28 | \$16.59 |
| Rate Guarantee | 36 months | (1/1/2025 - 12/31/2027) | | |
| EyeMed Buy Up Plan | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee+ Family |
| Monthly Rates | \$10.30 | \$19.56 | \$20.59 | \$30.27 |
| Employer Monthly Rate | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Employee Monthly Rate | \$10.30 | \$19.56 | \$20.59 | \$30.27 |
| Bi-Weekly Payroll Deduction | \$4.75 | \$9.03 | \$9.50 | \$13.97 |
| Monthly COBRA Rate | \$10.51 | \$19.95 | \$21.00 | \$30.88 |
| Rate Guarantee | 36 months | (1/1/2025 - 12/31/2027) | | |
| | | | | |
| Life/AD&D | | | | |
| | | | | |
| UNUM Basic Life | Basic Life | Basic AD&D | | |
| Monthly Rate per \$1,000 | \$0.058 | \$0.015 | | |
| Bi-Weekly Rate per \$1,000 | \$0.027 | \$0.007 | | |
| Rate Guarantee | 36 months | (1/1/2025 - 12/31/2027) | | |
| UNUM Voluntary Life | Voluntary Life | Voluntary AD&D | Monthly Total | Bi-Weekly Total |
| Monthly Rate per \$1,000 | | | | |
| < 25 | \$0.054 | \$0.028 | \$0.082 | \$0.038 |
| 25 - 29 | \$0.054 | \$0.028 | \$0.082 | \$0.038 |
| 30 - 34 | \$0.054 | \$0.028 | \$0.082 | \$0.038 |
| 35 - 39 | \$0.061 | \$0.028 | \$0.089 | \$0.041 |
| 40 - 44 | \$0.108 | \$0.028 | \$0.136 | \$0.063 |
| 45 - 49 | \$0.162 | \$0.028 | \$0.190 | \$0.088 |
| 50 - 54 | \$0.216 | \$0.028 | \$0.244 | \$0.113 |
| 55 - 59 | \$0.405 | \$0.028 | \$0.433 | \$0.200 |
| 60 - 64 | \$0.594 | \$0.028 | \$0.622 | \$0.287 |
| 65 - 69 | \$0.891 | \$0.028 | \$0.919 | \$0.424 |
| 70 - 74 | \$1.863 | \$0.028 | \$1.891 | \$0.873 |
| 75 + | \$1.863 | \$0.028 | \$1.891 | \$0.873 |
| Spouse Rate per \$1,000 | \$0.171 | \$0.028 | \$0.199 | \$0.092 |
| Child Rate per \$1,000 | \$0.232 | \$0.028 | \$0.260 | \$0.120 |
| Rate Guarantee | 36 months | (1/1/2025 - 12/31/2027) | | |

| Disability | | |
|--------------------------|------------|-------------------------|
| UNUM STD | STD - Core | STD - Buy Up |
| Monthly Rate per \$10 | \$0.140 | \$0.162 |
| Bi-Weekly Rate per \$10 | \$0.065 | \$0.075 |
| Rate Guarantee | 36 months | (1/1/2025 - 12/31/2027) |
| UNUM LTD | LTD - Core | LTD - Buy Up |
| Monthly Rate per \$100 | \$0.100 | \$0.250 |
| Bi-Weekly Rate per \$100 | \$0.046 | \$0.115 |
| Rate Guarantee | 36 months | (1/1/2025 - 12/31/2027) |

| Additional Benefits | | | | |
|---------------------|------------|-------------|--|--|
| Partner Name | Plan Name | Notes | | |
| UNUM | FMLA | \$1.80 PEPM | | |
| UNUM | NY DBL/PFL | | | |
| UNUM | CO PFML | | | |
| UNUM | HI TDI | | | |
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