ImmunityBio 2025 Plan Year Rate Sheet Effective January 1, 2025

Monthly Rates			Medical		
Monthly Rates	Blue Shield I HMO	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Employer Monthly Rate Employee Monthly Rate Saya Saya Saya Saya Employee Monthly Rate Saya Saya Saya Saya Employee Monthly Rate Employee Monthly Rate Employee Monthly Rate Saya Saya Saya Rate Guarantee Deltal Dental Den		. , ,	. , .	. ,	
Simployee Monthly Rate S151.97 S334.34 S273.55 S471.11					' '
Si-Weekly Payrol Deduction S70.14 \$154.31 \$126.25 \$217.44	. ,	*		. ,	' '
Internative \$775.05	. ,		·		*
	, ,		·	·	*
It Shield PPO	iontnly COBRA Rate	\$775.05	\$1,705.11	\$1,395.11	\$2,402.64
Society Soci	ate Guarantee	12 months	(1/1/2025 - 12/31/2025)		
Society Soci	lue Shield I PPO	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
mployer Monthly Rate		. , ,	. , .	. ,	
Section Sect	-				. ,
Live kely Payrol Deduction \$85.56 \$188.08 \$153.88 \$265.02					. ,
Dental	. ,		*		*
Dental	, ,	•			
Employee Only	ionthly COBRA Rate	\$945.40	\$2,078.23	\$1,700.37	\$2,928.43
Employee Only	ate Guarantee	12 months	(1/1/2025 - 12/31/2025)		
Employee Only			Dental		
Solution Sample					
Imployer Monthly Rate \$39.88 \$81.46 \$96.45 \$148.34 Imployee Monthly Rate \$9.97 \$20.36 \$24.11 \$37.08 I-Weekly Payroll Deduction \$4.60 \$9.40 \$11.13 \$17.11 Ionthly COBRA Rate \$50.85 \$103.86 \$122.97 \$189.13 ate Guarantee 24 months (1/1/2025 - 12/31/2026) Employee + Child(ren) Employee+Far Ionthly Rate \$51.47 \$104.76 \$122.39 \$188.78 Involver Monthly Rate \$41.18 \$83.81 \$97.91 \$151.02 Imployee Monthly Rate \$10.29 \$20.95 \$24.48 \$37.76 I-Weekly Payroll Deduction \$4.75 \$9.67 \$11.30 \$17.43 Ionthly COBRA Rate \$52.50 \$106.86 \$124.84 \$192.56 ate Guarantee 24 months (1/1/2025 - 12/31/2026) Employee + Child(ren) Employee + Far Ionthly Rates \$52.50 \$106.86 \$124.84 \$192.56 Indicate Action of the complete Action of the complete Action of the complete Action of the complete Action of					Employee+ Family
Substitute	•		7.7		7
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Seta DPPO High Employee Only Employee + Spouse Employee + Child(ren) Employee+ Far onthly Rates \$51.47 \$104.76 \$122.39 \$188.78	-Weekly Payroll Deduction	\$4.60	\$9.40	\$11.13	\$17.11
Employee Only	onthly COBRA Rate	\$50.85	\$103.86	\$122.97	\$189.13
conthly Rates \$51.47 \$104.76 \$122.39 \$188.78 mployer Monthly Rate \$41.18 \$83.81 \$97.91 \$151.02 mployee Monthly Rate \$10.29 \$20.95 \$24.48 \$37.76 i-Weekly Payroll Deduction \$4.75 \$9.67 \$11.30 \$17.43 onthly COBRA Rate \$52.50 \$106.86 \$124.84 \$192.56 ate Guarantee 24 months (1/1/2025 - 12/31/2026) Employee + Child(ren) Employee+ Far onthly Rates \$15.75 \$30.70 \$33.21 \$48.01 mployer Monthly Rate \$12.60 \$24.56 \$26.57 \$38.41 mployee Monthly Rate \$3.15 \$6.14 \$6.64 \$9.60 i-Weekly Payroll Deduction \$1.45 \$2.83 \$3.06 \$4.43 onthly COBRA Rate \$16.07 \$31.31 \$33.87 \$48.97	ate Guarantee	24 months	(1/1/2025 - 12/31/2026)		
South Rates South Sout	- It- I DDDO III-II	Franksia Onka	F	Francisco de	Franksis i Famili
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Substitute	-				
Second S		7			
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ate Guarantee 24 months (1/1/2025 - 12/31/2026) Employee Only Employee + Spouse Employee + Child(ren) Employee + Far \$15.75 \$30.70 \$33.21 \$48.01 \$48.01 \$12.60 \$24.56 \$26.57 \$38.41 \$12.60 \$24.56 \$26.57 \$38.41 \$12.60 \$12.60 \$24.56 \$26.57 \$38.41 \$12.60 \$12.60 \$24.56 \$26.57 \$38.41 \$12.60 \$12.60 \$12.60 \$24.56 \$26.57 \$38.41 \$12.60 \$12	, ,		*	,	, .
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conthly Rates \$15.75 \$30.70 \$33.21 \$48.01 mployer Monthly Rate \$12.60 \$24.56 \$26.57 \$38.41 mployee Monthly Rate \$3.15 \$6.14 \$6.64 \$9.60 i-Weekly Payroll Deduction \$1.45 \$2.83 \$3.06 \$4.43 conthly COBRA Rate \$16.07 \$31.31 \$33.87 \$48.97	ate Guarantee	24 months	(1/1/2025 - 12/31/2026)		
conthly Rates \$15.75 \$30.70 \$33.21 \$48.01 mployer Monthly Rate \$12.60 \$24.56 \$26.57 \$38.41 mployee Monthly Rate \$3.15 \$6.14 \$6.64 \$9.60 i-Weekly Payroll Deduction \$1.45 \$2.83 \$3.06 \$4.43 conthly COBRA Rate \$16.07 \$31.31 \$33.87 \$48.97	elta DHMO	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Imployer Monthly Rate \$12.60 \$24.56 \$26.57 \$38.41 Imployee Monthly Rate \$3.15 \$6.14 \$6.64 \$9.60 I-Weekly Payroll Deduction \$1.45 \$2.83 \$3.06 \$4.43 Onthly COBRA Rate \$16.07 \$31.31 \$33.87 \$48.97		. , ,	. , .		
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onthly COBRA Rate \$16.07 \$31.31 \$33.87 \$48.97	. ,	* * *	Y -	1	*
	, ,				, -
Rate Guarantee 24 months (1/1/2025 - 12/31/2026)	Janutiuto	Ψ10.01	Ψ01.01	Ψ00.01	ψ 10.01
	ate Guarantee	24 months	(1/1/2025 - 12/31/2026)		

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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
D-4- 0	00	(4 (4 (0000 40 (04 (0007)

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

		Disability		
UNUM STD	STD - Core	CTD Durella		
	\$0.140	STD - Buy Up		
Monthly Rate per \$10		\$0.162		
Bi-Weekly Rate per \$10	\$0.065	\$0.075		
Rate Guarantee	36 months	(1/1/2025 - 12/31/2027)		
		(
JNUM LTD	LTD - Core	LTD - Buy Up		
Monthly Rate per \$100	\$0.100	\$0.250		
3i-Weekly Rate per \$100	\$0.046	\$0.115		
Rate Guarantee	36 months	(1/1/2025 - 12/31/2027)		
	Vo	oluntary Benefits		
UNUM Accident	Employee	Employee + Spouse	Employee + Child	Employee + Family
Employee Bi-Weekly Payroll Deduction	** **		***	
Low Plan Monthly Rates	\$6.44	\$11.37	\$13.44	\$18.37
High Plan Monthly Rates	\$10.79	\$18.67	\$21.33	\$29.21
Rate Guarantee		3 Years (1/1/25	-12/31/27)	
		0 1 2 3 3 (1, 1, 2 3		
JNUM Critical Illness	Employee	Employee + Spouse	Employee + Child	Employee + Family
Coverage (Non Tobacco)		Monthly Rate p		
25	\$0.22	\$0.44	\$0.22	\$0.44
5-29	\$0.27	\$0.54	\$0.27	\$0.54
0-34	\$0.39	\$0.78	\$0.39	\$0.78
5-39	\$0.54	\$1.08	\$0.54	\$1.08
-0-44	\$0.86	\$1.72	\$0.86	\$1.72
15-49	\$1.11	\$2.22	\$1.11	\$2.22
50-54	\$1.47	\$2.94	\$1.47	\$2.94
55-59	\$1.93	\$3.86	\$1.93	\$3.86
60-64	\$2.90	\$5.80	\$2.90	\$5.80
65-69	\$3.94	\$7.88	\$3.94	\$7.88
70-74	\$5.28	\$10.56	\$5.28	\$10.56
75-79	\$5.28	\$10.56	\$5.28	\$10.56
30-84	\$5.28	\$10.56	\$5.28	\$10.56
35+	\$5.28	\$10.56	\$5.28	\$10.56
UNUM Critical Illness	Employee	Employee + Spouse	Employee + Child	Employee + Family
Coverage (Tobacco)	\$0.04	Monthly Rate p		CO 40
25	\$0.24	\$0.48	\$0.24	\$0.48
25-29	\$0.34	\$0.68	\$0.34	\$0.68
0-34	\$0.49	\$0.98	\$0.49	\$0.98
5-39	\$0.73	\$1.46	\$0.73	\$1.46
10-44	\$1.16	\$2.32	\$1.16	\$2.32
5-49	\$1.61	\$3.22	\$1.61	\$3.22
50-54	\$2.19	\$4.38	\$2.19	\$4.38
55-59	\$2.95	\$5.90	\$2.95	\$5.90
60-64	\$4.46	\$8.92	\$4.46	\$8.92
65-69	\$5.53	\$11.06	\$5.53	\$11.06
-0 -4	A= 0.4	21122	A= 0.4	

\$14.62

\$18.38

\$23.16 \$26.50 \$7.31

\$9.19

\$11.58 \$13.25 \$14.62

\$18.38

\$23.16

\$26.50

Rate Guarantee 3 Years (1/1/25-12/31/27)

\$7.31

\$9.19

\$11.58

\$13.25

70-74

75-79

80-84

85+

MetLife MetLaw - Legal Plan	Employee	Employee + Spouse	Employee + Child	Employee + Family	
Monthly Rate	\$16.75				
Employee Bi-Weekly Payroll Deduction	\$7.73				
Rate Guarantee	12 months (1/1/25-12/31/25)				

Norton LifeLock - Identity Theft: Benefit		
Essential	Employee Only	Employee + 1 or more
Monthly Rates	\$8.49	\$16.98
Employee Bi-Weekly Payroll Deduction	\$3.92	\$7.84
Rate Guarantee	12 months	(1/1/25-12/31/25)

Norton LifeLock - Identity Theft: Benefit			
Premier	Employee Only	Employee + 1 or more	
Monthly Rates	\$25.49	\$50.98	
Employee Bi-Weekly Payroll Deduction	\$11.76	\$23.53	
Rate Guarantee	12 months (1/1/25-12/31/25)		

Nationwide - Pet Insurance	Direct Bill	
Monthly Rate	Varies by state and type of animal	

Additional Benefits

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