Dental Coverage		Individual Coverage								Family Coverage							
		Monthly Premium %	Monthly Premiums	10 month Premiums	52 Week Premiums	41 Week Premiums	39 Week Premiums	26 Week Premiums	21 Week Premiums	Monthly Premium %	Monthly Premiums	10 month Premiums	52 Week Premiums	41 Week Premiums	39 Week Premiums	26 Week Premiums	21 Week Premiums
SunLife Dental-Basic/Low Option - Active Employee		100.00%	$ 35.52	$ 42.63	$ 8.20	$ 10.40	$ 10.93	$ 16.40	$ 20.30	100.00%	$ 94.57	$ 113.48	$ 21.83	$ 27.68	$ 29.10	$ 43.65	$ 54.04
SunLife Dental-High/Enhanced Option - Active Employee		100.00%	$ 38.44	$ 46.13	$ 8.88	$ 11.26	$ 11.83	$ 17.75	$ 21.97	100.00%	$ 102.34	$ 122.81	$ 23.62	$ 29.96	$ 31.49	$ 47.24	$ 58.48
Sun Life Dental-Enhanced Plus- Active Employee		100.00%	$ 56.21	$ 67.46	$ 12.98	$ 16.46	$ 17.30	$ 25.95	$ 32.12	100.00%	$ 163.92	$ 196.70	$ 37.83	$ 47.98	$ 50.44	$ 75.66	$ 93.67
Sun Life Dental - Low Option - Retiree			$ 42.33								$ 88.89						
Sun Life Dental - High Option - Retiree			$ 47.86								$ 100.51						

Vision Coverage		Monthly Premium %	Monthly Premiums	10 month Premiums	52 Week Premiums	41 Week Premiums	39 Week Premiums	26 Week Premiums	21 Week Premiums
Basic Vision Plan									
EyeMed Subscriber (only)		100.00%	$ 3.55	$ 4.26	$ 0.82	$ 1.04	$ 1.10	$ 1.64	$ 2.03
EyeMed Subscriber + 1		100.00%	$ 6.74	$ 8.09	$ 1.56	$ 1.98	$ 2.08	$ 3.12	$ 3.86
EyeMed Subsciber + Family		100.00%	$ 9.90	$ 11.88	$ 2.29	$ 2.90	$ 3.05	$ 4.57	$ 5.66
Enhanced Vision Plan									
EyeMed Subscriber (only)		100.00%	$ 7.16	$ 8.60	$ 1.66	$ 2.10	$ 2.21	$ 3.31	$ 4.10
EyeMed Subscriber + 1		100.00%	$ 13.59	$ 16.31	$ 3.14	$ 3.98	$ 4.19	$ 6.28	$ 7.77
EyeMed Subsciber + Family		100.00%	$ 19.96	$ 23.96	$ 4.61	$ 5.85	$ 6.15	$ 9.22	$ 11.41