### Group Medical Coverage Feature

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Welfare Benefit Contract Information</th>
<th>Eligibility Requirements</th>
<th>Last Day of Coverage</th>
<th>Monthly Employee Premium Cost</th>
<th>For More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvard Pilgrim Health Care HMO</td>
<td>072066</td>
<td>First of the month following Date of Hire. Date of Hire if hire date is first of the month. Spouses under age 65 of retirees are eligible on the date the retiree joins the Retiree Health Plan</td>
<td>Last Day of the Month of Termination</td>
<td>EE: $274.36 EE+Chi: $535.32 EE+SP: $589.93 Family: $730.45</td>
<td>1600 Crown Colony Drive Quincy, MA 02169 1-888-333-4742 <a href="http://www.hphc.org">www.hphc.org</a></td>
</tr>
</tbody>
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<tbody>
<tr>
<td>Harvard Pilgrim Health Care Best Buy HMO</td>
<td>072065</td>
<td>First of the month following Date of Hire. Date of Hire if hire date is first of the month. Spouses under age 65 of retirees are eligible on the date the retiree joins the Retiree Health Plan</td>
<td>Last Day of the Month of Termination</td>
<td>EE: $236.69 EE+Ch: $462.85 EE+SP: $508.86 Family: $630.07</td>
<td>1600 Crown Colony Drive Quincy, MA 02169 1-888-333-4742 <a href="http://www.hphc.org">www.hphc.org</a></td>
</tr>
</tbody>
</table>
| Harvard Pilgrim Health Care PPO | 072067 | First of the month following Date of Hire. Date of Hire if hire date is first of the month. Spouses under age 65 of retirees are eligible on the date the retiree joins the Retiree Health Plan | Last Day of the Month of Termination | EE: $558.94  
EE+Ch: $1,089.92  
EE+SP: $1,201.69  
Family: $1,487.86 | 1600 Crown Colony Drive  
Quincy, MA 02169  
1-888-333-4742  
www.hphc.org |
|---|---|---|---|---|---|
| Harvard Pilgrim Health Care HDHP PPO | 072068 | First of the month following Date of Hire. Date of Hire if hire date is first of the month. Spouses under age 65 of retirees are eligible on the date the retiree joins the Retiree Health Plan | Last Day of the Month of Termination | EE: $163.23  
EE+Ch: $318.32  
EE+SP: $350.96  
Family: $434.52 | 1600 Crown Colony Drive  
Quincy, MA 02169  
1-888-333-4742  
www.hphc.org |

**Group Prescription Drug Coverage Feature**

<table>
<thead>
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</thead>
</table>
| Optum RX | | First of the month following Date of Hire. Date of Hire if hire date is first of the month. | Last Day of the Month of Termination | Included in the medical cost. | P.O. Box 42000  
Hazelwood, MO 63042  
800.788.4863  
www.optumrx.com |
### Group Dental Coverage Feature

<table>
<thead>
<tr>
<th>Coverage Options</th>
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</thead>
</table>
| Delta Dental PPO | 004772                               | First of the month following Date of Hire. Date of Hire if hire date is first of the month. | Last Day of the Month of Termination | EE: $23.74  
EE+Ch: $42.43  
EE+SP: $47.11  
Family: $74.42 | 465 Medford Street  
Boston, MA 02129  
800.872.0500  
www.deltadentalma.com |

### Health Savings Account Coverage Feature

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Welfare Benefit Contract Information</th>
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<th>Monthly Employee Premium Cost</th>
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</tr>
</thead>
</table>
| Discovery Benefits | None                               | First of the month following Date of Hire. Date of Hire if hire date is first of the month. | Termination Date | Elected Amount | P.O Box 2926  
Fargo, ND 58108  
866.451.3399  
www.discoverybenefits.com |

### Healthcare Flexible Spending Account Coverage Feature

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Welfare Benefit Contract Information</th>
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<th>Last Day of Coverage</th>
<th>Monthly Employee Premium Cost</th>
<th>For More Information</th>
</tr>
</thead>
</table>
| Discovery Benefits | None                               | First of the month following Date of Hire. Date of Hire if hire date is first of the month. | Termination Date | Elected Amount | P.O Box 2926  
Fargo, ND 58108  
866.451.3399  
www.discoverybenefits.com |