



FULL-TIME WEEKLY EMPLOYEE HEALTH PLAN RATES FOR ALL PLANS
(Employees at Sun Legacy Locations enrolled in the Max Value Plan in 2013)
Effective: January 1, 2014 to December 31, 2014

MEDICAL PLANS ^{(1), (2), (3)}	Single	EE + Child(ren)	EE + Spouse/Partner	Family
Employees in Grades 11 and Below:				
Standard Plan	\$25.91	\$81.70	\$106.56	\$134.95
Max Value Plan	\$10.06	\$49.89	\$61.95	\$80.59
CDHD Plan	\$4.32	\$32.53	\$45.20	\$65.38
Employees in Grades 12 - 19:				
Standard Plan	\$36.50	\$91.69	\$119.46	\$144.25
Max Value Plan	\$20.65	\$57.38	\$72.35	\$88.64
CDHD Plan	\$7.63	\$42.52	\$58.10	\$74.68
Employees in Grades 20 - 44:				
Standard Plan	\$39.59	\$100.30	\$130.78	\$158.72
Max Value Plan	\$23.74	\$64.74	\$81.17	\$99.36
CDHD Plan	\$10.72	\$51.13	\$69.42	\$89.16
Employees in Grades 45 - 59:				
Standard Plan	\$43.46	\$111.06	\$144.93	\$176.82
Max Value Plan	\$27.60	\$83.00	\$105.32	\$129.95
CDHD Plan	\$14.58	\$61.89	\$83.57	\$107.25
Employees in Grades 60 - 64:				
Standard Plan	\$45.78	\$117.51	\$153.42	\$187.67
Max Value Plan	\$29.92	\$89.46	\$113.81	\$140.80
CDHD Plan	\$16.90	\$68.35	\$92.06	\$118.10
Employees in Grades 65 and Above:				
Standard Plan	\$54.99	\$110.38	\$148.33	\$204.59
Max Value Plan	\$45.39	\$93.40	\$124.33	\$176.21
CDHD Plan	\$40.80	\$85.12	\$113.74	\$161.72

- ⁽¹⁾ The Tobacco Free Reward is included in the above rates. Employee and/or dependent who use tobacco products will pay an additional \$20.00 Weekly.
- ⁽²⁾ If you elect to enroll your spouse/domestic partner under any of the medical plans sponsored by Genesis and your spouse/domestic partner works full-time and is eligible to receive benefits under his/her employer's medical plan, but has elected to enroll only in the Genesis plan, you will be charged \$25.00 Weekly.
- ⁽³⁾ The Wellness Participation Reward is included in the above rates. Employees who do not earn the reward will pay an additional \$15.00 Weekly.



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DENTAL PLANS	Single	EE + Child(ren)	EE + Spouse/Partner	Family
Employees in All Grades:				
Cigna Managed	\$4.55	\$9.37	\$8.01	\$15.33
Cigna Participating DPPO	\$6.76	\$16.37	\$13.48	\$25.52
Cigna Non Participating DPPO	\$7.96	\$19.28	\$15.88	\$30.04
VISION PLAN	Single	EE + Child(ren)	EE + Spouse/Partner	Family
Employees in All Grades:				
VSP	\$1.71	\$2.83	\$2.41	\$4.52