COMPARISON OF PREMIUMS | RETIREES



United Healthcare	Consumer Choice			
W Healthcare	Basic Vision		Enhanced Vision	
	*Shared Monthly Rate	Full Monthly Rate	*Shared Monthly Rate	Full Monthly Rate
Retiree Only	\$103.16	\$606.82	\$107.76	\$611.42
Retiree + Spouse	\$221.24	\$1,301.42	\$231.11	\$1,311.29
Retiree + Child(ren)	\$174.94	\$1,029.03	\$182.75	\$1,036.84
Retiree + Spouse + Child(ren)	\$313.85	\$1,846.20	\$327.85	\$1,860.20

surest.		Surest (New Plan)			
A UnitedHealthcare Company	Basic Vision		Enhanced Vision		
	*Shared Monthly Rate	Full Monthly Rate	*Shared Monthly Rate	Full Monthly Rate	
Retiree Only	\$148.41	\$742.03	\$153.01	\$746.63	
Retiree + Spouse	\$316.11	\$1,580.53	\$325.96	\$1,590.38	
Retiree + Child(ren)	\$251.66	\$1,258.32	\$259.46	\$1,266.12	
Retiree + Spouse + Child(ren)	\$451.51	\$2,257.57	\$465.51	\$2,271.57	

△ DELTA	Delta Dental			
DENTAL*	Basic Dental		Enhanced Dental	
	*Shared Monthly Rate	Full Monthly Rate	*Shared Monthly Rate	Full Monthly Rate
Retiree Only	\$9.39	\$37.57	\$19.72	\$47.90
Retiree + Spouse	\$18.79	\$75.14	\$39.45	\$95.80
Retiree + Child(ren)	\$19.26	\$77.02	\$40.44	\$98.20
Retiree + Spouse + Child(ren)	\$28.65	\$114.59	\$60.16	\$146.10

Over Age 65 Prescription Drug Plan Premiums and HRA Funding Amount				
RX Drug Plan	*Shared Monthly Rate	Full Monthly Rate		
Single	\$108.00	\$216.00		
Dual	\$216.00	\$432.00		
Health Reimbursement Arrangement (HRA)	*ORNL Contribution (prorated for number of months in the plan)			
Single	\$840.00			
Dual	\$1,680.00			

REMINDER: ORNL's Medicare Supplement Program includes continuous enrollment in a Medicare supplement plan through Via Benefits, receiving benefit dollars from ORNL through an HRA, and enrollment in ORNL's prescription drug plan through Express Scripts.

^{*}Retirees hired prior to 4/1/2012 with at least 10 years full-time service are eligible for shared cost. Otherwise, retirees pay full cost.