

Employee Premium Contributions Benefit Year 2017 (1/1/17 – 12/31/17)

Employee contributions are deducted weekly aligning benefit coverage and pay period. Pay periods are Monday – Sunday and paychecks are paid on the following Friday.

1. Medical & Prescription (effective 1/1/17 – 12/31/17)

| | Weekly EE Contribution* | <i>Total Monthly Cost**</i> |
|-----------------------|----------------------------|---------------------------------|
| Single: | \$ 0.01 | \$122.63 |
| Employee + Spouse | \$ 30.00 | \$245.26 |
| Employee + Child(ren) | \$ 0.02 | \$236.68 |
| Family: | \$ 30.01 | \$344.59 |

2. Healthy Dollars Health Reimbursement (HRA) Account Funding -
Employee must be enrolled in VT Vitality Gold HDHP

| | Employee Premium Contribution | EMPLOYEE REPSABILITY (OUT OF POCKET OR HSA) | HRA EMPLOYER FUNDED |
|-----------------|-------------------------------------|---|------------------------|
| SINGLE | \$0.00 | \$1,300 | \$1,200 |
| EE + SPOUSE | \$0.00 | \$2,600 | \$2,400 |
| EE + Child(ren) | \$0.00 | \$2,600 | \$2,400 |
| FAMILY | \$0.00 | \$2,600 | \$2,400 |

ELIGIBLE EXPENSES-

- Medical Deductible Expenses
- Prescription Deductible Expenses

3. Dental & Vision (effective (effective 1/1/17 – 12/31/17)

| | Weekly EE Contribution* | <i>Total Monthly Cost**</i> |
|-----------------------|----------------------------|---------------------------------|
| Single: | \$ 0.01 | \$ 42.08 |
| Employee + Spouse | \$ 2.50 | \$ 84.16 |
| Employee + Child(ren) | \$ 0.02 | \$ 75.74 |
| Family: | \$ 2.51 | \$117.82 |

* - The nominal employee contribution for Single & Employee + Child(ren) and nominal difference between Employee + Spouse and Employee + Family employee contribution are designed to support First Light's monthly audits of bills received from insurance carriers & administrators to ensure accuracy of coverage and employee elections.

** - Total Monthly Cost is provided as a comparison to the Weekly EE Contribution so that the value of this benefit is not underestimated.

4. Short Term Disability, Long Term Disability, Life and AD&D
 Employee Contribution is based on employee's rate of pay including average incentive and the age of the employee. Employee contribution is 25% of the calculated premium invoiced monthly by the carrier. Premiums are based on the rates shown below. Also shown is a calculation of the premium along with the employee contribution for an employee eligible for the maximum benefit based on age and rate of pay.

| | LIFE Premium | AD&D Premium | STD Montly Premium | LTD Montly Premium | | |
|------------------------|----------------------|-------------------------|---------------------------|---|------------------------------|-------------------------------|
| Rate | \$0.11 | \$0.04 | \$0.58 | 0.320% | | |
| | Per \$1k of coverage | Per \$1k of coverage | Per \$10 of Benefit | Per \$1 of Covered Monthly Earnings (CME) | Total Monthly Premium | Weekly EE Contribution |
| Maximum Benefit | \$50,000.00 | \$50,000.00 | \$1,100.00 | \$5,000.00 | | |
| Premium | \$5.60 | \$2.00 | \$63.80 | \$24.00 | \$95.40 | \$5.50 |