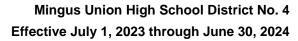


KA	IROS
	ARIZONA, INC.

Medical and Prescription (Monthly Rates)						
Copay Plan	Employer Pays	You Pay	Total	COBRA		
Individual	\$278.50	\$417.50	\$696.00	\$709.92		
Individual + Spouse/Domestic Partner	\$278.50	\$1046.50	\$1325.00	\$1351.50		
Individual + Child(ren)	\$278.50	\$905.50	\$1184.00	\$1207.68		
Individual + Family	\$278.50	\$1435.50	\$1714.00	\$1748.28		
1,500 HDHP	<b>Employer Pays</b>	You Pay	Total	COBRA		
Individual	\$278.50	\$278.50	\$557.00	\$568.14		
Individual + Spouse/Domestic Partner	\$278.50	\$776.50	\$1055.00	\$1076.10		
Individual + Child(ren)	\$278.50	\$665.50	\$944.00	\$962.88		
Individual + Family	\$278.50	\$1088.50	\$1367.00	\$1394.34		
5,000 HDHP	<b>Employer Pays</b>	You Pay	Total	COBRA		
Individual	\$278.50	\$116.50	\$395.00	\$402.90		
Individual + Spouse/Domestic Partner	\$278.50	\$474.50	\$753.00	\$768.06		
Individual + Child(ren)	\$278.50	\$392.50	\$671.00	\$684.42		
Individual + Family	\$278.50	\$694.50	\$973.00	\$992.46		

See attached for all other ancillary products.





## **Ancillary Rates**

BENEFIT	PROVIDER			
Basic Life (Includes AD&D)	MetLife			
Monthly Rates				
	Cost Per \$50,000			
Employer paid	\$5.20			