

ALYESKA PIPELINE SERVICE COMPANY

Dental Plan Monthly Costs

for plan year effective 3/1/2018 to 2/28/2019

ACTIVE EMPLOYEE DENTAL PLAN COSTS

	<u>Monthly Rate</u>
Employee	\$17.00
Employee + 1 (spouse or child)	\$34.00
Employee + 2 or more dependents	\$60.00
*Employee + Domestic Partner	\$34.00
*Employee + Child(ren) + Domestic Partner	\$60.00

**Employee will be taxed on a portion of their medical premiums if electing coverage for a domestic partner.*

COBRA COSTS

	<u>Monthly Rate</u>
Employee	\$68.00
Employee + 1 (spouse or child)	\$136.00
Employee + 2 or more dependents	\$238.00
Spouse or child only	\$68.00

Cobra rates above do not include the additional 2% administration charge

RETIREE DENTAL PLAN COSTS

<u>Subsidized rates for participants pre age 65</u>	<u>Monthly Rate</u>
Retiree only (or spouse only, or child only)	\$17.00
Retiree + 1 (spouse or child)	\$34.00
Retiree + 2 or more dependents	\$60.00

<u>Unsubsidized rates for participants pre age 65</u>	<u>Monthly Rate</u>
Retiree only (or spouse only, or child only)	\$68.00
Retiree + 1 (spouse or child)	\$136.00
Retiree + 2 or more dependents	\$238.00