

# YOUR HEALTHCARE COSTS

The total amount that you pay for your benefits coverage depends on the plans you choose and how many dependents you cover. Partners pay the full premium cost associated with their elections.

The costs below reflect your semi-monthly cost.

## MEDICAL

|               | UHC HSA PPO | UHC PPO 90/70 | UHC PPO 100/50 |
|---------------|-------------|---------------|----------------|
| SELF ONLY     | \$357.66    | \$522.93      | \$544.13       |
| SELF + 1      | \$703.54    | \$1,028.65    | \$1,070.35     |
| SELF + FAMILY | \$1,143.45  | \$1,671.84    | \$1,739.60     |

## DENTAL

|               | MetLife Dental<br>Incentive PPO | MetLife Dental<br>Passive PPO |
|---------------|---------------------------------|-------------------------------|
| SELF ONLY     | \$22.09                         | \$35.83                       |
| SELF + 1      | \$40.05                         | \$65.06                       |
| SELF + FAMILY | \$75.20                         | \$122.91                      |

## VISION

|               | VSP Vision |
|---------------|------------|
| SELF ONLY     | \$6.23     |
| SELF + 1      | \$9.03     |
| SELF + FAMILY | \$16.17    |

*Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage are not tax-deductible. Contact your tax advisor for more details on how this tax treatment applies to you.*

# MANDATORY COVERAGE COSTS

The costs below reflect your semi-monthly for mandatory coverages through the firm.

## AD&D INSURANCE

### METLIFE AD&D

| PLAN                | MONTHLY RATE PER<br>\$1,000 OF BENEFIT | YOUR SEMI-MONTHLY COST* |
|---------------------|--|-------------------------|
| PARTER BASIC AD&D   | \$0.020                                | Up to \$10.00 **        |
| EQUITY PARTNER AD&D | \$0.045                                | Paid by the firm        |

\* Premiums may be reduced according to the plan’s benefit age reduction schedule.  
\*\* Cost reflects the maximum benefit. Individual costs may be less, based on income.

## LONG TERM DISABILITY INSURANCE

### METLIFE GROUP LTD

| PLAN | MONTHLY RATE PER<br>\$100 OF BENEFIT | YOUR SEMI-MONTHLY COST |
|------|--------------------------------------|------------------------|
| LTD  | \$1.240                              | Up to \$155.00 *       |

\* Cost reflects the maximum benefit. Individual costs may be less, based on income.