

**MISSION SUPPORT ALLIANCE, LLC MARKET BASED PLAN
2016 EMPLOYEE COST SHARE**

COVERAGE	CARRIER	COST SHARE	PLAN	EMPLOYEE COST/BI-WEEKLY PAY PERIOD																								
<i>Medical/Prescription Drug/Vision</i>	Group Health	Company Shares Cost	HMO <ul style="list-style-type: none"> Most services covered at 100% after copay 	EE Only \$ 93.57 EE + 1: \$ 187.14 Family: \$ 294.74																								
	Group Health	Company Shares Cost	Access PPO <ul style="list-style-type: none"> In network covered at 90% after copay. Out of network at 70%. 	EE Only \$ 85.28 EE + 1: \$ 170.56 Family: \$ 268.63																								
<i>Dental</i>	Delta Dental/Washington Dental Service	Company Shares Cost	Core Plan <ul style="list-style-type: none"> 80% / 80% / 50% / no Ortho 	EE Only \$ 4.51 EE + 1: \$ 8.90 Family: \$ 13.97																								
	Delta Dental/Washington Dental Service	Company Shares Cost	Buy-Up Plan <ul style="list-style-type: none"> 100% / 80% / 50% / 50% 	EE Only \$ 6.13 EE + 1: \$ 12.18 Family: \$ 20.02																								
EMPLOYEE COST/MONTH																												
<i>Basic Life and AD&D</i>	CIGNA	Company Paid	Flat \$50,000 for each	None																								
<i>Personal Accident Insurance (Voluntary AD&D)</i>	CIGNA	Employee Paid	Employee Only: 1 – 5x Annual Earnings Family: \$10,000 increments to \$100,000 on Spouse; \$10,000 on child(ren)	\$0.025 / \$1,000 of coverage / month \$0.035 / \$1,000 of coverage / month																								
<i>Voluntary Employee Life</i>	CIGNA	Employee Paid	1, 2, 3, 4, 5x Annual Earnings to a max of \$500,000	<table border="0"> <thead> <tr> <th><u>Age</u></th> <th><u>Monthly Rate / \$1,000 of Coverage</u></th> </tr> </thead> <tbody> <tr><td><30</td><td>\$0.081</td></tr> <tr><td>30-34</td><td>\$0.081</td></tr> <tr><td>35-39</td><td>\$0.098</td></tr> <tr><td>40-44</td><td>\$0.142</td></tr> <tr><td>45-49</td><td>\$0.214</td></tr> <tr><td>50-54</td><td>\$0.340</td></tr> <tr><td>55-59</td><td>\$0.546</td></tr> <tr><td>60-64</td><td>\$0.838</td></tr> <tr><td>65-69</td><td>\$1.421</td></tr> <tr><td>70-74</td><td>\$2.695</td></tr> <tr><td>75-79</td><td>\$5.445</td></tr> </tbody> </table>	<u>Age</u>	<u>Monthly Rate / \$1,000 of Coverage</u>	<30	\$0.081	30-34	\$0.081	35-39	\$0.098	40-44	\$0.142	45-49	\$0.214	50-54	\$0.340	55-59	\$0.546	60-64	\$0.838	65-69	\$1.421	70-74	\$2.695	75-79	\$5.445
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<i>Voluntary Dependent Life</i>	CIGNA	Employee Paid	Opt 1: Sp: \$10,000 / Ch: \$2,000 Opt 2: Sp: \$20,000 / Ch: \$4,000 Opt 3: Sp: \$30,000 / Ch: \$6,000 Opt 4: Sp: \$40,000 / Ch: \$8,000 Opt 5: Sp: \$50,000 / Ch: \$10,000	Opt 1: \$2.423 / family unit / month Opt 2: \$4.846 / family unit / month Opt 3: \$7.268 / family unit / month Opt 4: \$9.691 / family unit / month Opt 5: \$12.114 / family unit / month																								
<i>Short Term Disability</i>	CIGNA	Company Paid	66.67% of base salary up to \$1,500 / wk	None																								
<i>Long Term Disability</i>	CIGNA	Employee Paid	Opt 1: 50% of base salary up to \$8,333 / mo Opt 2: 60% of base salary up to \$10,000 / mo	\$0.20 / \$100 of covered salary / month \$0.33 / \$100 of covered salary / month																								
<i>Business Travel</i>	CIGNA	Company Paid	2x Annual Earnings to max of \$500,000	None																								
<i>Legal Plan</i>	Countrywide	Employee Paid	Legal Assistance	\$14.48 / month																								