

2012 CONTRIBUTION RATE SCHEDULE PER PAY PERIOD DOD HEALTH BENEFITS PROGRAM & AFNAF GROUP LIFE PLAN

AETNA PPO CY 2012 CONTRIBUTION RATES PER PAY PERIOD

Coverage	Employee Pays	Employer Pays*	*Total
Employee Only Medical	\$68.96	\$208.90	\$277.86
Family Coverage Medical	\$160.44	\$422.35	\$582.79
Employee Only Medical & Dental	\$73.04	\$220.42	\$293.46
Employee w/Family Medical & Dental	\$170.08	\$446.85	\$616.93

AETNA PPO CY 2011 CONTRIBUTION RATES PER PAY PERIOD

Coverage	Employee Pays	Employer Pays*	*Total
Employee Only Medical	\$63.85	\$196.99	\$260.84
Family Coverage Medical	\$148.55	\$394.63	\$543.18
Employee Only Medical & Dental	\$67.93	\$208.51	\$276.44
Employee w/Family Medical & Dental	\$158.19	\$419.13	\$577.32

STAND ALONE DENTAL (SAD) (100% Employee Cost) (biweekly rates)

2011-Single	\$17.27	Family	\$40.84
2012-Single	\$17.98	Family	\$42.52

*Does not include additional Post-Retirement Medical Expense paid by the employer.

**Deductions begin in Pay Period 10 A.

The group life insurance plans are contributory plans. This means both employees and their employers share the cost of biweekly contribution rates. Employers pay 46% of the total cost and Employees pay 54%.

AF NAF GROUP LIFE & AD&D CY 2012 CONTRIBUTION RATES PER PAY PERIOD

Coverage	Employee Pays (54%)	Employer Pays (46%)	Total
Life & AD&D for Employee Only (per \$1000 coverage)	\$0.29	\$0.25	\$0.54
LIFE ONLY FOR FAMILY MEMBERS (FLAT RATE)			
LOW OPTION (Plus EO rate)	\$0.91	NA	\$0.91
HIGH OPTION (Plus EO rate)	\$1.81	NA	\$1.81

*These Summary of Benefits are a brief outline and do not constitute a contract or policy. They are intended only as a general description of your benefits under the DoD NAF HBP. Please refer to the terms of the Summary Plan Descriptions and the Evidence of Coverage benefits descriptions to determine coverage and benefits or AETNA customer service at www.aetna.com or Member Services at 1-800-367-6276 for additional information regarding