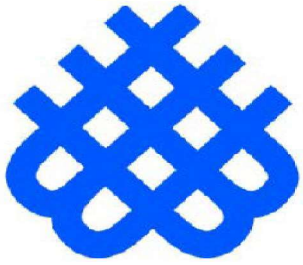

RICE.F.W

2150 Association Dr, STE 270,

Okemos, MI 48864-6039 USA

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| RICEFW TECHNOLOGIES INC<br>MEDICAL COMPOSITE RATES<br>EFFECTIVE DATE: 3/01/2026 | UnitedHealthcare Global | |
|---|---|---|
| | Plan-1 | Plan-2 |
| PLAN BENEFITS | $5000 Ded | $2000 Ded |
| NETWORK | Choice Plus | Choice Plus |
| REFERRAL REQUIRED | NO | NO |
| IN NETWORK | FULLY INSURED | |
| COPAY | Ded & Co-ins | $ 30 |
| SPECIALTY CARE | Ded & Co-ins | $ 30 |
| PREVENTIVE CARE | 100% | 100% |
| URGENT CARE | Ded & Co-ins | $ 50 |
| XRAY/Diagnostics | 100% | 100% |
| LABS/Diagnostics | 100% | 100% |
| ADVANCED IMAGING | Ded & Co-ins | Ded & Co-ins |
| COINSURANCE | 0% | 0% |
| DEDUCTIBLE (S/F) | $5000/$10000 | $2000/$4000 |
| PLAN MAXIMUM OUT OF POCKET (S/F) | $6350/$12700 | $3000/$6000 |
| HOSPITAL IN-PATIENT | Ded & Co-ins | Ded & Co-ins |
| HOSPITAL OUT-PATIENT | Ded & Co-ins | Ded & Co-ins |
| ER-COPAY | Ded & Co-ins | $250 |
| OUT OF NETWORK | | |
| DEDUCTIBLE (S/F) | $10000/$30000 | $5000/$10000 |
| COINSURANCE | 50% | 40% |
| MAXIMUM OUT OF POCKET | $20000/$40000 | $20000/$40000 |
| RX BENEFIT | | |
| TIER 1 / 2 / 3 (GEN/BR/NF) | Ded & Co-ins/Ded & Co-ins/Ded & Co-ins | $15/$50/$75 |
| RATES | | |
| Employee Only | $ 160.62 | $ 187.51 |
| Employee + Spouse | $ 350.36 | $ 409.51 |
| Employee + Child | $ 301.36 | $ 352.45 |
| Employee + Family | $ 491.53 | $ 574.89 |

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| RICEFW TECHNOLOGIES INC<br>Dental<br>EFFECTIVE DATE:3/01/2026 | UnitedHealthcare |
|---|---|
| Plan Codes | 2P097 |
| Network | PPO |
| **Benefit Overview** | |
| Deductible: SingleIn/Out | $50/$50 |
| Family In/Out | $150/$150 |
| Coinsurence: | |
| Preventive&Diagnostic | 100%/100% |
| Minor Restorative(I/O) | 80%/80% |
| Endodontic/Periodic/ Oral Surgery(I/O) | 80%/80% |
| Major (I/O) | 50%/50% |
| Orthodontics/Children under 19 | None |
| Waiting Period | None |
| Annual Maximum(I/O) | $ 1,500 |
| **Rates** | |
| Employee Only | $ 12.39 |
| Employee + Spouse | $ 24.78 |
| Employee + Child | $ 31.99 |
| Employee + Family | $ 47.00 |

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| RICEFW TECHNOLOGIES INC<br>Vision Rates<br>EFFECTIVE DATE:03/01/2026 | UnitedHealthcare |
|---|---|
| Plan Codes | SH107 |
| Network | Spectera Eyecare |
| **Benefit Overview/Frequency** | |
| Exam | Once in 12 Months |
| Lenses | Once in 12 Months |
| Frames | Once in 24 Months |
| **In network Copays** | |
| Exam | $ 10 |
| Materials | $ 25 |
| **Out of network allowence** | |
| Exam | Upto $40 |
| Single vision Lenses | Upto $30 |
| Frames | Upto $45 |
| Contact Lenses | Upto $210 |
| **Rates** | |
| Employee Only | $3.33 |
| Employee + Spouse | $6.33 |
| Employee + Child | $7.43 |
| Employee + Family | $10.45 |

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## Plan Features: Life & AD&D

| | Plan Codes | |
|---|---|---|
| **Benefits** | **BL0098** | **ADD0449** |
| **Amount Max** | $25,000 | $25,000 |
| **Contribution Type** | Non-Contributory | Non-Contributory |
| **Coverage Term** | At Employee's Retirement | At Employee's Retirement |
| **Benefit Type** | Flat Amount | Flat Amount |
| **Benefit Reduction** | 65%@65, 50%@70 | 65%@65, 50%@70 |

## Life & AD&D

| Plan Codes | |
|---|---|
| **Plan: BL0098** | $0.07 |
| **Plan: ADD0449** | $0.02 |

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## Plan Features: **Short Term Disability**

| Benefits | Plan Code<br>STDF20663 |
|---|---|
| Benefit Amt With Max | 60% to $2000 |
| Elimination Period | 7 Days Accident / 7 Days Sickness |
| Benefit Duration | 13 weeks |
| Pre-Existing Condition | 12/12 |
| Contribution Level | Voluntary |
| Employer Contribution | 0% |

# STD

| AGE | Bi- Weekly Premium |
|---|---|
| 24 & Under | $0.14 |
| 25-29 | $0.13 |
| 30-34 | $0.12 |
| 35-39 | $0.10 |
| 40-44 | $0.11 |
| 45-49 | $0.16 |
| 50-54 | $0.14 |
| 55-59 | $0.16 |
| 60-64 | $0.19 |
| 65+ | $0.22 |

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## Plan Features: **Long Term Disability**

| Benefits | Plan Code<br>LTD20116 |
|---|---|
| Benefit Percentage | 60% |
| Maximum Monthly Benefit | $10,000 |
| Elimination Period | 90 days |
| Benefit Duration | Age 65 w/Reducing Benefit Duration |
| Own Occupation Period | 24 months (2 year) own occupation |
| Pre-Existing Condition Exclusion | 3/12 |
| Contribution Level | Voluntary |

# LTD

| AGE | Bi- Weekly Premium |
|---|---|
| 24 & Under | $0.02 |
| 25-29 | $0.03 |
| 30-34 | $0.04 |
| 35-39 | $0.06 |
| 40-44 | $0.09 |
| 45-49 | $0.16 |
| 50-54 | $0.20 |
| 55-59 | $0.23 |
| 60-64 | $0.22 |
| 65+ | $0.22 |

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Plan Features: **Supplemental Life**

| | Supplemental Life Plan Code | Supplemental Life Benefit Amount With Max |
|---|---|---|
| **Supplemental Employee Life** | SUPL20390 | $10,000 to $300,000 in $10,000 increments |
| **Supplemental ADD** | SADD20285 | $10,000 to $300,000 in $10,000 increments |
| **Supplemental Spouse Life** | SUPSPL20009 | Choice of $10,000 or $20,000 |
| **Supplemental Spouse ADD** | SDSPADD20009 | Choice of $10,000 or $20,000 |
| **Supplemental Child Life** | SUPCHL20009 | Choice of $5,000 or $10,000 |
| **Supplemental Child ADD** | SDCHADD20009 | Choice of $5,000 or $10,000 |

# Supplemental Life, AD & D

| AGE | Bi- Weekly Premium | | |
|---|---|---|---|
| 24 & Under | $0.03 | $0.03 | $0.05 |
| 25-29 | $0.04 | $0.04 | |
| 30-34 | $0.04 | $0.04 | |
| 35-39 | $0.05 | $0.05 | |
| 40-44 | $0.07 | $0.07 | |
| 45-49 | $0.10 | $0.10 | |
| 50-54 | $0.16 | $0.16 | |
| 55-59 | $0.24 | $0.24 | |
| 60-64 | $0.33 | $0.33 | |
| 65-69 | $0.60 | $0.60 | |
| 70-74 | $0.88 | $0.88 | |
| 75+ | $2.55 | $2.55 | |

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