

# **EXHIBIT A**

(Partial – Bottom Layer)

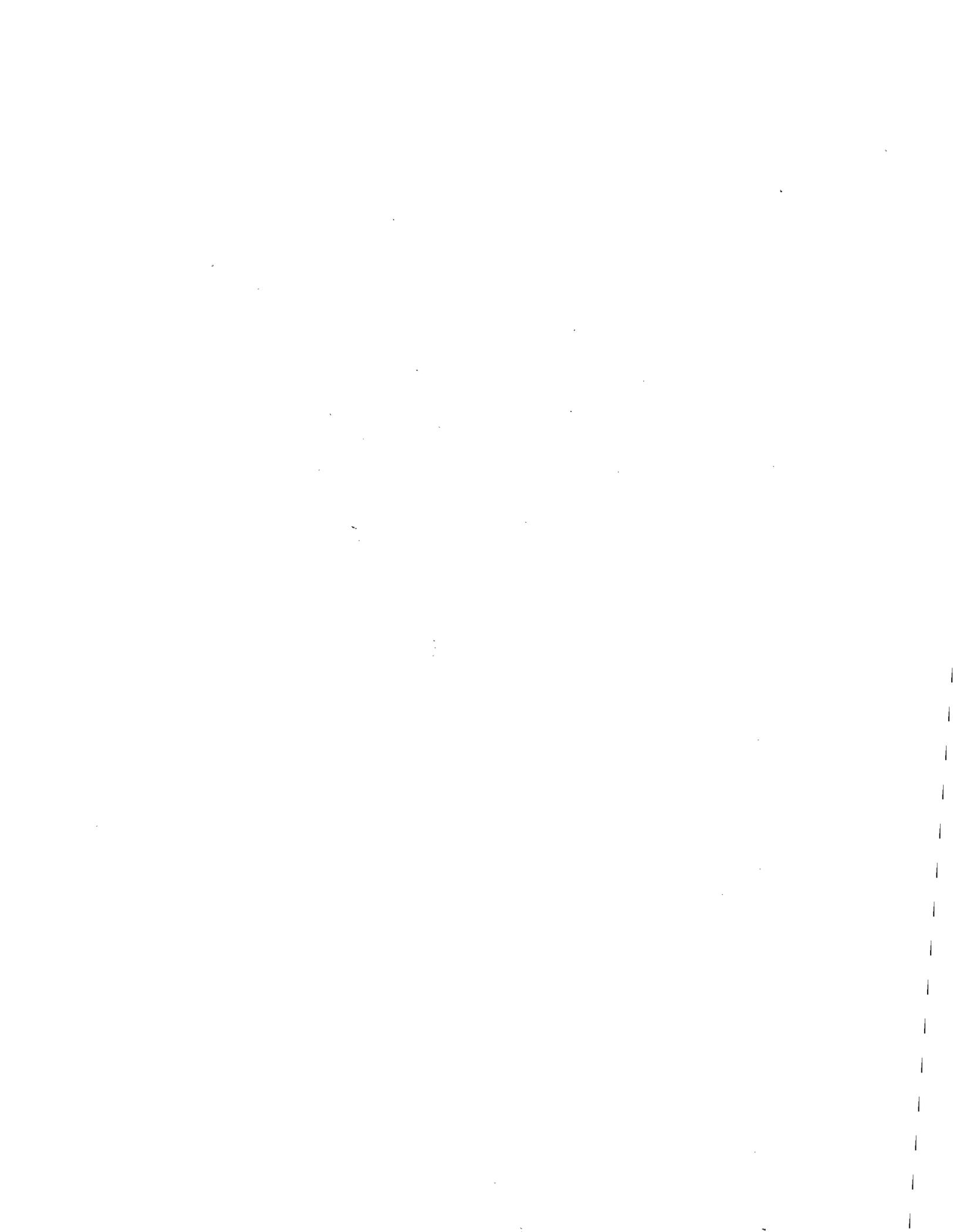
Kent County Water Board Meeting

May 19, 2011

**Kent County Water Authority**  
**Financial Analysis**  
**Rates Effective: July 01, 2011 - June 30, 2012**

CARRIER:		Single 6 Contracts	Emp. & Sp. 0 Contracts	Emp. & Ch. 0 Contracts	Family 25 Contracts	Estimated Annualized Premium	% Renewal Increase (Decrease)	\$ Renewal Increase (Decrease)
Option Number	<b>Delta Dental</b>							
1	<b>Level I 100%, 50% Perio</b> 100% Preventive / Diagnostic, Minor & Crowns, 50% Periodontics - \$1200 Calendar Year Maximum, Students to 26.	\$32.63	\$99.21	\$99.21	\$99.21	\$32,112	3.3%	\$1,031
	<b>United Healthcare Dental</b>							
2	<b>P4956 100/100/60, \$50/\$150 Ded., \$1500</b> 100% Preventive / Diagnostic & Sealants, Minor Restorative & Periodontics, 60% Major Restorative, \$50/\$150 Deductible, \$1500 Calendar Year Maximum, Students to 23	\$38.90	\$77.79	\$81.39	\$124.24	\$40,073	28.9%	\$8,991
3	<b>P4953 100/80/50, \$50/\$150 Ded., \$2000 w/Ortho</b> 100% Preventive / Diagnostic & Sealants, 80% Minor Restorative & Periodontics, 50% Major Restorative, Ortho 50%, \$2000 Lifetime Maximum. \$50/\$150 Deductible, \$2000 Calendar Year Maximum, Students to 23	\$39.34	\$78.67	\$82.32	\$125.65	\$40,527	30.4%	\$9,446

Rates are based on the census data and employer contributions provided.  
All rates are subject to change if significant modifications are made to either upon enrollment.



Dental Plan Comparison	Blue Cross & Blue Shield	
	Premier Blue Option 2 Company Plan	
	Current	Renewal
Estimated Annual Premium	\$31,081	\$33,828
% Renewal Increase (Decrease)	N/A	8.8%
\$ Renewal Increase (Decrease)	N/A	\$2,746
<b>PREVENTIVE / DIAGNOSTIC</b>		
. Clearings	100% (two per calendar year)	
. Oral Exams	100% (one per calendar year)	
. Fluoride Treatments	100% (under age 19; once per calendar year)	
<b>X-RAYS:</b>		
. Single	100% (as needed)	
. Bitewing	100% (one per calendar year)	
. Full Mouth	100% (once every 36 months)	
<b>MINOR RESTORATIVE SERVICES:</b>		
. Sealants	100% (ages 6-13)	
. Fillings: amalgam (silver); composite (white) on front teeth	100%	
. Simple Extractions	100%	
. Denture Repairs	100%	
. Emergency Treatment	100%	
. Biopsies	100%	
. Single (Anterior) Root Canals	100%	
. Oral Surgery (when not covered by medical)	50%*	
. Anesthesia	50%*	
. Space Maintainers	50%*	
<b>MAJOR RESTORATIVE:</b>		
. Root Canals - Molars and Bicuspid	50%*	
. Crowns over natural teeth	50%*	
. Periodontic Maintenance after active therapy	50%*	
. Root planing / scaling	50%*	
. Osseous (bone) surgery	50%*	
. Gingivectomies	50%*	
. Soft Tissue Grafts	50%*	
. Crown Lengthening	50%*	
. Prosthodontics - bridges, partial and complete dentures	No Coverage	
<b>ORTHODONTIA</b>		
. Braces for dependents to age 19	No Coverage	
. Orthodontia lifetime maximum	No Coverage	
<b>* CALENDAR YEAR DEDUCTIBLE</b>		
<b>CALENDAR YEAR MAXIMUM</b>		
<b>DEPENDANT COVERAGE</b>		
<b>FULL TIME STUDENT RIDER</b>		
<b>PARTICIPATION REQUIREMENTS</b>		
<b>WAITING PERIOD</b>		

Dental Plan Comparison	Blue Cross & Blue Shield		Delta Dental
	Premier Blue Option 2 Company Plan		Level 1 100%, 50% Perio Option 1
	Current	Renewal	
Estimated Annual Premium	\$31,081	\$33,828	\$32,112
% Renewal Increase (Decrease)	N/A	8.8%	3.3%
\$ Renewal Increase (Decrease)	N/A	\$2,746	\$1,031
<b>PREVENTIVE / DIAGNOSTIC:</b>			
. Cleanings	100% (two per calendar year)		100% (two per calendar year)
. Oral Exams	100% (one per calendar year)		100% (one per calendar year)
. Fluoride Treatments	100% (under age 19; once per calendar year)		100% (under age 19; once per calendar year)
<b>X-RAYS:</b>			
. Single	100% (as needed)		100% (as needed)
. Bitewing	100% (one per calendar year)		100% (one per calendar year)
. Full Mouth	100% (once every 36 months)		100% (once every 60 months)
<b>MINOR RESTORATIVE SERVICES:</b>			
. Sealants	100% (ages 6-13)		100% (under age 14)
. Fillings: amalgam (silver); composite (white) on front teeth	100%		100%
. Simple Extractions	100%		100%
. Denture Repairs	100%		100%
. Emergency Treatment	100%		100%
. Biopsies	100%		100%
. Single (Anterior) Root Canals	100%		100%
. Oral Surgery (when not covered by medical)	50%*		100%
. Anesthesia	50%*		100%
. Space Maintainers	50%*		100%
<b>MAJOR RESTORATIVE:</b>			
. Root Canals - Molars and Bicuspid	50%*		100%
. Crowns over natural teeth	50%*		100%
. Periodontic Maintenance after active therapy	50%*		50%
. Root planing / scaling	50%*		50%
. Osseous (bone) surgery	50%*		50%
. Gingivectomies	50%*		50%
. Soft Tissue Grafts	50%*		50%
. Crown Lengthening	50%*		50%
. Prosthodontics - bridges, partial and complete dentures	No Coverage		No Coverage
<b>ORTHODONTIA:</b>			
. Braces for dependents to age 19	No Coverage		No Coverage
. Orthodontia lifetime maximum	No Coverage		No Coverage
<b>*CALENDAR YEAR DEDUCTIBLE</b>			
<b>CALENDAR YEAR MAXIMUM</b>			
<b>DEPENDANT COVERAGE</b>			
<b>FULL TIME STUDENT RIDER</b>			
<b>PARTICIPATION REQUIREMENTS</b>			
<b>WAITING PERIOD</b>			

Dental Plan Comparison	Blue Cross & Blue Shield		United Healthcare	
	Premier Blue Option 2 Company Plan		P4956 100/100/60, \$50/\$150 Ded., \$1500 Option 2	P4953 100/80/50, \$50/\$150 Ded., \$2000 w/Ortho Option 3
	Current	Renewal		
Estimated Annual Premium	\$31,081	\$33,828	\$40,073	\$40,527
% Renewal Increase (Decrease)	N/A	8.8%	28.9%	30.4%
\$ Renewal Increase (Decrease)	N/A	\$2,746	\$8,991	\$9,446
<b>PREVENTIVE / DIAGNOSTIC:</b>				
. Cleanings	100% (two per calendar year)		100% (two per calendar year)	100% (two per calendar year)
. Oral Exams	100% (one per calendar year)		100% (two per calendar year)	100% (two per calendar year)
. Fluoride Treatments	100% (under age 19; once per calendar year)		100% (under age 16; twice per calendar year)	100% (under age 16; twice per calendar year)
<b>X-RAYS:</b>				
. Single	100% (as needed)		100% (as needed)	100% (as needed)
. Bitewing	100% (one per calendar year)		100% (once per calendar year)	100% (once per calendar year)
. Full Mouth	100% (once every 36 months)		100% (once every 36 months)	100% (once every 36 months)
<b>MINOR RESTORATIVE SERVICES:</b>				
. Sealants	100% (ages 6-13)		100%	100%
. Fillings: amalgam (silver); composite (white) on front teeth	100%		100%	80%*
. Simple Extractions	100%		100%	80%*
. Denture Repairs	100%		60%*	50%*
. Emergency Treatment	100%		100%	80%*
. Biopsies	100%		100%	80%*
. Single (Anterior) Root Canals	100%		100%	80%*
. Oral Surgery (when not covered by medical)	50%*		100%	80%*
. Anesthesia	50%*		100%	80%*
. Space Maintainers	50%*		100%	100%*
<b>MAJOR RESTORATIVE:</b>				
. Root Canals - Molars and Bicuspids	50%*		100%	80%*
. Crowns over natural teeth	50%*		60%*	50%*
. Periodontic Maintenance after active therapy	50%*		100%	80%*
. Root planing / scaling	50%*		100%	80%*
. Osseous (bone) surgery	50%*		100%	80%*
. Gingivectomies	50%*		100%	80%*
. Soft Tissue Grafts	50%*		100%	80%*
. Crown Lengthening	50%*		100%	80%*
. Prosthodontics - bridges, partial and complete dentures	No Coverage		60%*	50%*
<b>ORTHODONTIA:</b>				
. Braces for dependents to age 19	No Coverage		No Coverage	50%
. Orthodontia lifetime maximum	No Coverage		No Coverage	\$2,000
<b>CALENDAR YEAR DEDUCTIBLE</b>				
<b>CALENDAR YEAR MAXIMUM</b>				
<b>DEPENDANT COVERAGE</b>				
<b>FULL TIME STUDENT RIDER</b>				
<b>PARTICIPATION REQUIREMENTS</b>				
<b>WAITING PERIOD</b>				





**Mutual of Omaha**

**Patricia Anne Gleavy**  
Senior Account Executive  
18 Tremont Street, Suite 330  
Boston, MA 02108-2301  
Patty.Gleavy@mutualofomaha.com  
Tel: (617) 742-3655, ext. 222  
Fax: (617) 742-3744

May 21, 2010

Claire Teitleman  
Starkweather & Shepley  
60 Catamore Blvd.  
East Providence, RI 02914

Re: Kent County Water Authority, August 1, 2010 Renewal  
Group #: G000638C

Dear Claire,

Thank you for choosing Mutual of Omaha as your client's group benefits provider. It has been our pleasure to provide the employees of Kent County Water Authority with Group Life and Long Term Disability coverage and we remain committed to providing unparalleled service that will meet your client's needs.

As you are aware, Mutual of Omaha carefully evaluates claim trends specific to our policyholder's nature of industry and size segment for each renewal. Based upon this information, as well as the policyholder's demographics and plan design, our renewal analysis has determined that the following rate adjustment will apply - these rates will be guaranteed for two years. The next renewal will take place August 1, 2012.

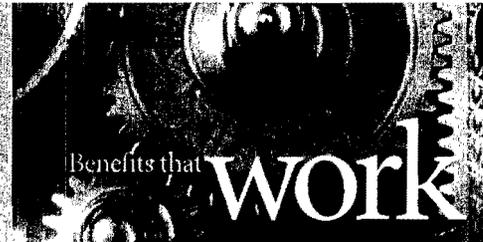
Coverage	Current Rate	Renewal Rate	Guarantee Date
Term Life	\$0.28 Per \$1,000	\$0.32/\$1000	August 1, 2012
AD&D	\$0.03 Per \$1,000	No Change	August 1, 2012
LTD	\$0.40 Per \$100	No Change	August 1, 2012

Unfortunately the Life plan has run poorly with a loss ratio of 234% requiring that we seek an increase this year.

We appreciate your confidence in Mutual of Omaha and, as always, hope to continue this relationship. Please feel free to contact me at (617) 742-3655, ext. 222 if you wish to discuss this renewal in more specific detail. Thank you!

Best regards,

Patricia Anne Gleavy  
Senior Account Executive



ID Number: 9900MOO2

Services available for business and personal travel.  
For inquiries within the U.S. call toll free:

Outside the U.S. call collect:

*Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip up to 90 days in length, and more than 100 miles from home.*

#### **Pre-trip Assistance\***

Minimize travel hassles by calling us pre-departure for:

- Passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations

#### **Immediate Attention for Emergencies While Traveling**

While traveling more than 100 miles from home, call Travel Assistance toll-free 24/7 for immediate help from a multi-lingual professional.

#### **Emergency Travel Support Services**

- **Translation and interpreter services** – 24/7 access to translators or interpreters
- **Locating legal services** – referrals for local attorney or consular offices and help maintaining business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- **Baggage** – assistance with lost, stolen or delayed baggage while traveling on a common carrier

- **Emergency payment and cash** – assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- **Emergency messages** – assistance with recording and retrieving messages between you, your family and/or business associates at any time
- **Document replacement** – coordination of credit card, airline ticket, or other documentation replacement
- **Vehicle return** – if evacuation or repatriation is necessary

#### **Medical Assistance**

- Locating medical providers and referrals for local sources of care
- Case communications on your medical status and communications between you and others including family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available locally, including payment of covered expenses
- Transportation home for further treatment – in the event of death, we'll assist in the return of mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with hotel arrangements if convalescence is needed prior to, or after, medical treatment

- Coordination of medical insurance (including claims paperwork) and obtaining medical payments
- Assistance obtaining prescription drugs or other necessary personal medical items

#### **Travel Assistance Plan Limitations**

AXA Assistance USA will not pay emergency evacuation, medically necessary repatriation, repatriation of remains or other expenses incurred while traveling within 100 miles of participant's place of residence, or for any one of the following reasons:

- Suicide, attempted suicide or self-inflicted injuries
- An act of declared or undeclared war or armed aggression
- While on active duty in the military or international organization
- Piloting, learning to pilot or acting as a member of the crew of any aircraft
- Mental or emotional disorders, unless hospitalized
- Participation in professional athletics
- Your commission or attempt to commit a felonious act
- Pregnancy and childbirth (exception: complications of pregnancy)

Expenses for emergency evacuation, medically necessary repatriation, repatriation of remains, return of dependent children, family or friend transportation arrangement and vehicle return are covered up to \$100,000 per person per event.

ID Number: 9900MOO2

Services available for business and personal travel.  
For inquiries within the U.S. call toll free:

Outside the U.S. call collect:

ID Number: 9900MOO2

Services available for business and personal travel.  
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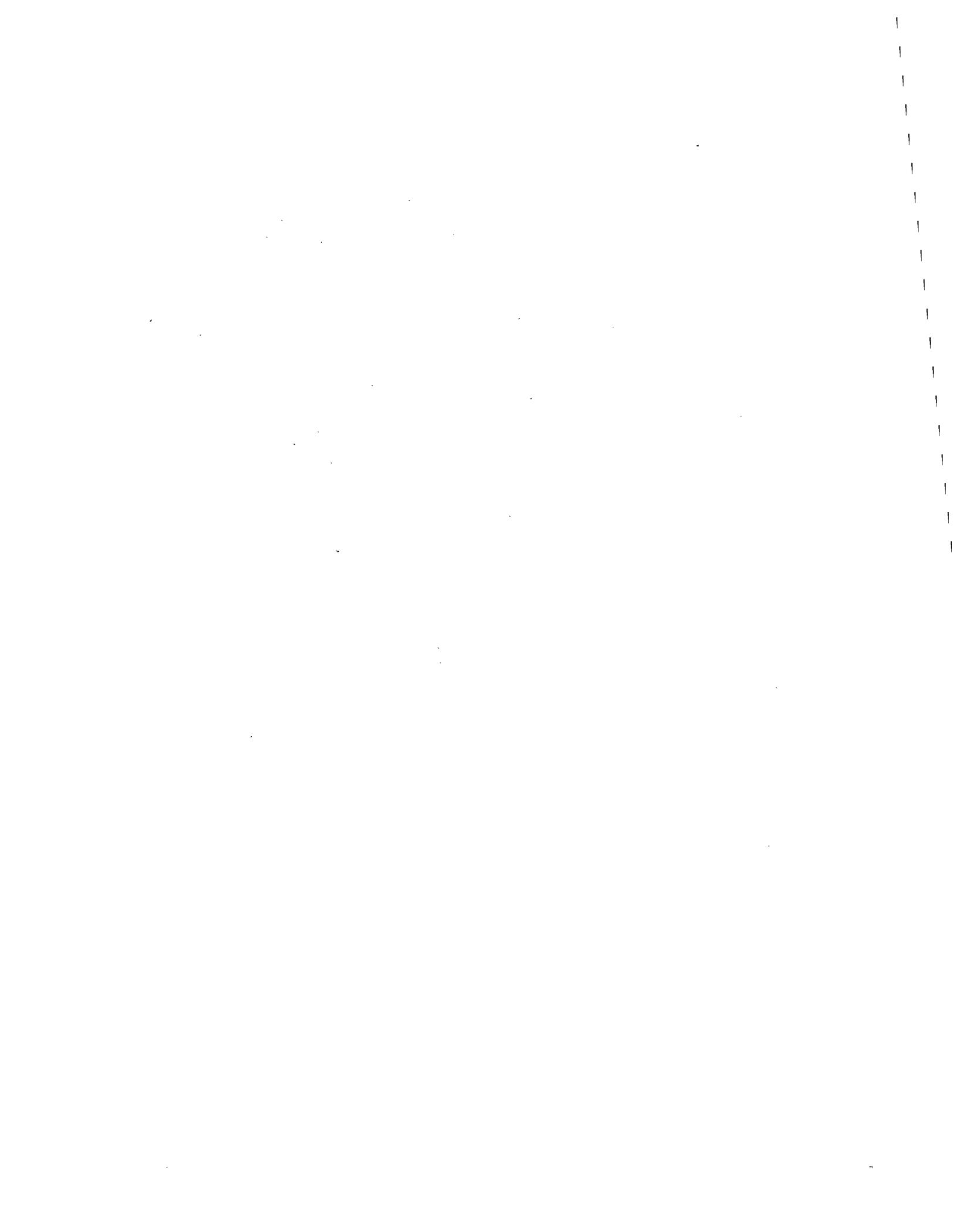
Outside the U.S. call collect:

ID Number: 9900MOO2

Services available for business and personal travel.  
For inquiries within the U.S. call toll free:

Outside the U.S. call collect:

*\*Available at any time, not subject to 100 mile travel radius*





### RENEWAL NOTICE

Group # 00000269

DIRECT MARKETING REPRESENTATIVE C. Krupski

KENT COUNTY WATER AUTHORITY

REP. TELEPHONE NUMBER 401-459-5736  
1-800-637-3718 x 6193

**YOUR RENEWAL RATES ARE EFFECTIVE July 01, 2011 THROUGH June 30, 2012  
MONTHLY PREMIUM RATES PER SUBSCRIBER ARE BASED ON YOUR CURRENT ENROLLMENT**

	<u>Enrollee</u> <u>Only</u>	<u>Enrollee</u> <u>&amp; Spouse</u>	<u>Enrollee</u> <u>&amp; Child(ren)</u>	<u>Enrollee,</u> <u>Spouse</u> <u>&amp; Child(ren)</u>
Renewal Benefits VantageBlue 100/80 250	\$566.11	\$1,358.65	\$905.76	\$1,528.48

Please refer to the "It's Time to Choose a New Health Plan" section for important prescription plan changes. Your pharmacy benefit is \$10/\$35/\$60/\$100, unless noted \*. Other pharmacy options are available. This Renewal Notice sets forth the Monthly Premiums for the Rating Period indicated above and shall constitute an amendment to the Sales Agreement between BCBSRI and Company. **If you have any questions regarding your renewal, please contact your broker or Direct Marketing Representative at the telephone number provided above.**

Thomas D. Cauthorn  
Vice President, Blue Cross & Blue Shield of Rhode Island



500 Exchange Street • Providence, Rhode Island, 02903-2699  
401-459-1000 • www.BCBSRI.com

**All Optional Benefits Available**

Group # 00000269

**DIRECT MARKETING REPRESENTATIVE** C. Krupski

KENT COUNTY WATER AUTHORITY

**REP. TELEPHONE NUMBER** 401-459-5736  
1-800-637-3718 x 6193

**YOUR RENEWAL RATES ARE EFFECTIVE July 01, 2011 THROUGH June 30, 2012  
MONTHLY PREMIUM RATES PER SUBSCRIBER ARE BASED ON YOUR CURRENT ENROLLMENT**

Renewal Benefits	<u>Enrollee</u>	<u>Enrollee</u>	<u>Enrollee</u>	<u>Enrollee,</u>
	<u>Only</u>	<u>&amp; Spouse</u>	<u>&amp; Child(ren)</u>	<u>Spouse</u> <u>&amp; Child(ren)</u>
VantageBlue 100/80 250	\$566.11	\$1,358.65	\$905.76	\$1,528.48
VantageBlue 100/80 500	\$532.02	\$1,276.85	\$851.23	\$1,436.46
VantageBlue 100/80 1000	\$483.85	\$1,161.24	\$774.15	\$1,306.39
VantageBlue 100/80 2000	\$439.47	\$1,054.72	\$703.14	\$1,186.56
VantageBlue 80/60 1000	\$445.95	\$1,070.27	\$713.51	\$1,204.05
VantageBlue 80/60 2000	\$409.72	\$983.31	\$655.54	\$1,106.23
VantageBlue 100/60 1500	\$450.18	\$1,080.44	\$720.29	\$1,215.49
BlueSolutions for HSA 1500	\$446.92	\$1,072.60	\$715.07	\$1,206.68
BlueSolutions for HSA 3000	\$383.33	\$919.99	\$613.33	\$1,034.99
BlueCHiP for Healthy Options *	\$379.98	\$911.95	\$607.97	\$1,025.95
HealthMate C2C \$2000/\$4000 DED	\$413.66	\$992.78	\$661.85	\$1,116.87

Please refer to the "It's Time to Choose a New Health Plan" section for important prescription plan changes.

Your pharmacy benefit is \$10/\$35/\$60/\$100, unless noted \*. Other pharmacy options are available.

BCBSRI reserves the right to impose an enrollment cap of 5,000 members for the BlueCHiP for Healthy Options product.

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association



## Renewal Notice

**GROUP**  
KENT COUNTY WATER AUTHORITY  
("Company")

**MARKETING REPRESENTATIVE** CELINA KRUPSKI  
**REP. TELEPHONE NUMBER** 401-459-5959 EXT. 5736

**GROUP NUMBER(S):** 269-3  
**AFFILIATE(S):**

**YOUR RENEWAL RATES ARE EFFECTIVE JUL. 1, 2011 THROUGH JUN. 30, 2012**  
**MONTHLY PREMIUM RATES PER SUBSCRIBER ARE BASED ON YOUR CURRENT ENROLLMENT**

<b>RENEWAL BENEFITS</b>	<b>INDIVIDUAL <u>ONLY</u></b>
PLAN 65 RATE	\$180.87
RX RATE	\$371.16
TOTAL RATE	\$552.03

This Renewal Notice sets forth the Monthly Premiums for the Rating Period indicated above and shall constitute an amendment to the Sales Agreement between Blue Cross & Blue Shield of Rhode Island and Company. If you have any questions regarding your renewal, please contact your broker or Marketing Representative at the telephone number provided above.

Thomas D. Cauthorn  
Vice President, Blue Cross & Blue Shield of Rhode Island

### Medical Rates

**Company Name:** Kent County Water Authority  
**Company Street Address:** 1072 Main St  
**Broker:** KIMBERLY MULDOON  
**Account Executive:** PETER FITZPATRICK  
**Effective Date:** 07/01/2011  
**UW ID#:** D - 043758440

**Broker Phone:** (401) 435-3600  
**Account Executive Phone:** (401) 732-7234  
**Quote Number:** 9751749

**Company City:** West Warwick  
**Zip Code:** 02893  
**Market:** RHODE ISLAND  
**SIC:** 4941 - Water Supply  
**Quote Date:** 05/17/2011

	CONS2000/100% 1RB w/H9	HSA1500/100% U1G w/H9	TRAD20/500/100% U8W w/H9	TRAD15/300/100% U8U w/H9	TRAD20/100% U8V w/H9	TRAD10/100% U8T w/H9	BAL10/750/100% 38X w/CO ***	
Package Name	Single Plan Options	Single Plan Options	Single Plan Options	Single Plan Options	Single Plan Options	Single Plan Options	Single Plan Options	
Package Number	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Sequence - Internal Use	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
OI/SA/BIT - Internal Use	01/00/CG	01/00/CG	01/00/CG	01/00/CG	01/00/CG	01/00/CG	01/00/CG	
<b>Class</b>	<b># of Employees</b>							
Employee	5	\$ 393.32	\$ 396.04	\$ 516.81	\$ 543.27	\$ 545.64	\$ 586.96	\$ 429.29
Employee + Spouse	6	\$ 845.64	\$ 851.49	\$ 1,111.14	\$ 1,168.03	\$ 1,173.13	\$ 1,261.96	\$ 922.97
Employee + Child(ren)	4	\$ 808.31	\$ 811.88	\$ 1,059.46	\$ 1,113.71	\$ 1,118.57	\$ 1,203.27	\$ 880.04
Employee + Family	20	\$ 1,081.63	\$ 1,089.10	\$ 1,421.21	\$ 1,493.98	\$ 1,500.50	\$ 1,614.12	\$ 1,180.52
<b>Premium Totals:</b>								
Employee-Only Monthly Premium	\$ 13,766.20	\$ 13,861.40	\$ 18,088.35	\$ 19,014.45	\$ 19,097.40	\$ 20,543.60	\$ 15,025.15	
Dependent-Only Monthly Premium	\$ 18,132.08	\$ 18,257.26	\$ 23,824.58	\$ 25,044.52	\$ 25,153.86	\$ 27,058.44	\$ 19,789.68	
Total Monthly Premium Including Rx Benefit	\$ 31,898.28	\$ 32,118.66	\$ 41,912.93	\$ 44,058.97	\$ 44,251.26	\$ 47,602.04	\$ 34,814.83	
Employer Contribution Percentage - Employee Only	100%	100%	100%	100%	100%	100%	100%	
Employer Contribution Premium/Month - Employee Only	\$ 13,766.20	\$ 13,861.40	\$ 18,088.35	\$ 19,014.45	\$ 19,097.40	\$ 20,543.60	\$ 15,025.15	
Total Annual Premium Including Rx Benefit	\$ 382,779.36	\$ 385,423.92	\$ 502,955.16	\$ 528,707.64	\$ 531,015.12	\$ 571,224.48	\$ 417,777.95	
Rate Adjustment Percent	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Risk Factor	1.0	1.0	1.0	1.0	1.0	1.0	1.0	
Monthly Administration Fee	\$ .00	\$ .00	\$ .00	\$ .00	\$ .00	\$ .00	\$ .00	
Total Employee Count	35	35	35	35	35	35	35	
Total Number of Eligible Employees	32	32	32	32	32	32	32	
Total Dependent Count	67	67	67	67	67	67	67	
Total Member Count	102	102	102	102	102	102	102	

**Benefit Overview:**

Plan Type	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Product Type	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS
Plan Category	Consumer	Definity HSA	Traditional with Deductible	Traditional with Deductible	Traditional	Traditional	Balanced
Deductible	- Single (In/Out) \$ 2000 / \$ 4000	\$ 1500 / \$ 3000	\$ 500 / \$ 1000	\$ 300 / \$ 350	N/A / \$ 350	N/A / \$ 350	\$ 750 / N/A
	- Family (In/Out) \$ 4000 / \$ 8000	\$ 3000 / \$ 6000	\$ 1000 / \$ 2000	\$ 600 / \$ 700	N/A / \$ 700	N/A / \$ 700	\$ 1500 / N/A
Coinsurance (In/Out)	100% / 80%	100% / 80%	100% / 80%	100% / 70%	100% / 80%	100% / 80%	100% / N/A
Office Visit Copay/Coinsurance	100%	100%	\$ 20	\$ 15	\$ 20 (s)	\$ 10	\$ 10 (s)
Out of Pocket Maximum	- Single (In/Out) \$ 2000 / \$ 8000	\$ 3000 / \$ 6000	\$ 500 / \$ 4000	\$ 300 / \$ 4350	N/A / \$ 2850	N/A / \$ 2850	\$ 2000 / N/A
	- Family (In/Out) \$ 4000 / \$ 16000	\$ 6000 / \$ 12000	\$ 1000 / \$ 8000	\$ 600 / \$ 8700	N/A / \$ 5700	N/A / \$ 5700	\$ 4000 / N/A
Med/Rx Ded Combined	No	Yes	No	No	No	No	No
Med/Rx OOP Combined	No	Yes	No	No	No	No	No
Pharmacy Copay/Coinsurance	\$ 10 / \$ 30 / \$ 50 / N/A	\$ 10 / \$ 30 / \$ 50 / N/A	\$ 10 / \$ 30 / \$ 50 / N/A	\$ 10 / \$ 30 / \$ 50 / N/A	\$ 10 / \$ 30 / \$ 50 / N/A	\$ 10 / \$ 30 / \$ 50 / N/A	\$ 10 / \$ 40 / \$ 75 / N/A
Pharmacy Deductible	N/A	Combined with Med	N/A	N/A	N/A	N/A	N/A

- Agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your agent if you have questions on their compensation for the products in this proposal.
- Dual Option is available in this state. Please refer to the [uniteddeservices.com](http://uniteddeservices.com) Product section for a detailed description document.
- The UnitedHealthcare Pledge Plan (SM) (38X and 38Z), a HealthPact plan, is available as required by the State of Rhode Island. For rating purposes as shown on United eServices, the 38Y represents the rate for both the Advantage

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by UnitedHealthcare. This rate quote is not an offer or a guarantee of coverage. The rates quoted are applicable to the plan design selected. We reserve the right to modify our rates in the event your plan design must be modified as a result of any change, modification or clarification in law, including the Patient Protection and Affordable Care Act. This group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by us and final rates have been accepted by and initial premium paid by the group. Final rates are determined by UnitedHealthcare's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this Web site or printed output, will form the contract between the insured and UnitedHealthcare, and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

# TUFTS Health Plan

No one does more to keep you healthy.



Quote Details - Quote #338647

State: **Rhode Island**  
 Company Name: **Kent County Water Authority Inc**  
 Effective Date: **7/1/2011**  
 Broker Agency: **Starkweather & Shepley Insurance Brokerage, Inc.**

Company Contact:  
 Sales Rep: **James Jette**  
 SIC Code: **4941**  
 Region:

### Rates

Plan Description	Subscriber	Subscriber and Spouse	Subscriber and Children	Family
Advantage HMO Saver 1500	\$460.85	\$1,106.04	\$737.36	\$1,244.30
Advantage PPO 1000 (80/60)	\$491.16	\$1,178.78	\$785.86	\$1,326.13
Advantage PPO 250 (100/80)	\$610.33	\$1,464.79	\$976.53	\$1,647.89
Advantage PPO 500 (100/80)	\$575.45	\$1,381.08	\$920.72	\$1,553.72
PPO Choice Copay	\$644.66	\$1,547.18	\$1,031.46	\$1,740.58

### Attachment Rates

Plan Description	Subscriber	Subscriber and Spouse	Subscriber and Children	Family
HEALTHpact Advantage	\$434.99	\$1,043.98	\$695.98	\$1,174.47

### Census Details

	Subscriber	Subscriber and Spouse	Subscriber and Child	Subscriber and Children	Family
Number Of Subs By Tier	4	6	0	4	19

Last Name	First Name	Gender	DOB	Home Zip	COBRA	Tobacco Usage	Tier	Relation
ANGIOLILLI	ALAN	Male	11/24/1956		No		Family	Policy Holder
AUSTIN	ROBERT	Male	03/21/1955		No		Subscriber and Spouse	Policy Holder
BATE	ELIZABETH	Female	12/01/1952		No		Subscriber and Spouse	Policy Holder
BEAUREGARD	MICHAEL	Male	07/01/1975		No		Subscriber and Spouse	Policy Holder
BOSCO	NICHOLAS	Male	07/05/1967		No		Family	Policy Holder
BROWN	TIMOTHY	Male	01/16/1953		No		Subscriber and Spouse	Policy Holder
BURNS	RICHARD	Male	03/06/1961		No		Family	Policy Holder
BUTLER	JESSE	Male	03/22/1961		No		Family	Policy Holder
CORREIA	ELSO	Male	10/29/1968		No		Subscriber and Spouse	Policy Holder
COYLE	DAVID	Male	09/04/1971		No		Family	Policy Holder
DESSERT	JOSEPH	Male	04/06/1962		No		Family	Policy

								Holder
DIXON	GLENN	Male	02/19/1967		No		Family	Policy Holder
DUCHESNEAU	JOHN	Male	10/08/1957		No		Family	Policy Holder
DUFF	KEITH	Male	01/17/1962		No		Family	Policy Holder
ENOS	BRIAN	Male	11/29/1962		No		Family	Policy Holder
FOSS	STEVEN	Male	09/05/1959		No		Family	Policy Holder
FOURNIER	DENIS	Male	11/09/1970		No		Family	Policy Holder
GERSHKOFF	JO-ANN	Female	08/07/1967		No		Subscriber and Children	Policy Holder
GLENN	GARY	Male	09/26/1963		No		Family	Policy Holder
GOODRICH	DANIEL	Male	05/13/1985		No		Subscriber	Policy Holder
HEARD	CINDY	Female	03/27/1957		No		Family	Policy Holder
JACQUES	NICOLE	Female	08/08/1981		No		Family	Policy Holder
LARKIN	STEPHEN	Male	07/24/1959		No		Family	Policy Holder
LESNIAK	TAD	Male	01/22/1962		No		Subscriber	Policy Holder
LUKOWICZ	RONALD	Male	10/11/1963		No		Subscriber	Policy Holder
PEIXINHO	RANDY	Male	04/29/1965		No		Subscriber and Children	Policy Holder
PERRY	SCOTT	Male	06/15/1963		No		Subscriber and Children	Policy Holder
SALISBURY	LISA	Female	02/10/1971		No		Subscriber and Children	Policy Holder
SILVA	THOMAS	Male	03/28/1967		No		Family	Policy Holder
SKORSKI	TIMOTHY	Male	04/22/1968		No		Family	Policy Holder
TIFT	ERIC	Male	05/30/1981		No		Family	Policy Holder
WINTON	MATTHEW	Male	07/14/1955		No		Subscriber and Spouse	Policy Holder
CORREIRA	STEPHEN	Male	01/01/1990		No		Subscriber	Policy Holder

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### Dental PPO/Indemnity Rates

Company Name: KENT COUNTY WATER AUTHORITY  
 Company Street Address: 1072 MAIN STREET  
 Broker: UnitedHealthcare Broker  
 Account Executive: PETER FITZPATRICK  
 Effective Date: 07/01/2011  
 UW ID#: D - 043758440

Broker Phone:  
 Account Executive Phone: (401) 732-7234  
 Quote Number: 9720158

Company City: WEST WARWICK  
 Zip Code: 02893  
 Market: RHODE ISLAND  
 SIC: 4941 - Water Supply  
 Quote Date: 05/10/2011

Class	# of Employees	P2660 01/00/CG	P3177 01/00/CG	P3463 01/00/CG	P4953 01/00/CG	P4956 01/00/CG
Employee	4	\$ 49.85	\$ 46.50	\$ 45.46	\$ 44.70	\$ 44.20
Employee + Spouse	6	\$ 99.70	\$ 93.00	\$ 90.92	\$ 89.40	\$ 88.40
Employee + Child(ren)	4	\$ 104.31	\$ 97.30	\$ 95.13	\$ 93.54	\$ 92.49
Employee + Family	19	\$ 159.22	\$ 148.52	\$ 145.21	\$ 142.78	\$ 141.18
<b>Premium Totals:</b>						
Total Monthly Premium		\$ 4,240.02	\$ 3,955.08	\$ 3,866.87	\$ 3,802.18	\$ 3,759.58
Employer Contribution Percentage - Employee Only		100%	100%	100%	100%	100%
Employer Contribution Premium/Month - Employee Only		\$ 1,645.05	\$ 1,534.50	\$ 1,500.18	\$ 1,475.10	\$ 1,458.60
Total Annual Premium		\$ 50,880.24	\$ 47,460.96	\$ 46,402.44	\$ 45,626.16	\$ 45,114.96

**Benefit Overview:**

Plan Type	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Product Type	PPO	PPO	PPO	PPO	PPO
Deductible (In/Out) - Single	\$ 25 / \$ 25	\$ 50 / \$ 50	\$ 50 / \$ 50	\$ 50 / \$ 50	\$ 50 / \$ 50
- Family	\$ 75 / \$ 75	\$ 150 / \$ 150	\$ 150 / \$ 150	\$ 150 / \$ 150	\$ 150 / \$ 150
Coinsurance - Preventive & Diagnostic (In/Out)	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%
- Minor Restorative (In/Out)	90% / 80%	80% / 80%	90% / 80%	80% / 80%	100% / 80%
- Endodontic/Periodontic/Oral Surgery (In/Out)	90% / 80%	80% / 80%	90% / 80%	80% / 80%	100% / 80%
- Major (In/Out)	60% / 50%	50% / 50%	60% / 50%	50% / 50%	60% / 50%
- Orthodontia (In/Out)	50% / 50%	50% / 50%	50% / 50%	50% / 50%	N/A / N/A
Waiting Period - Major	N/A	N/A	12 months	12 months	N/A
- Orthodontia	N/A	N/A	12 months	12 months	N/A
Annual Maximum (In/Out)	\$ 2000 / \$ 2000	\$ 2000 / \$ 2000	\$ 2000 / \$ 2000	\$ 2000 / \$ 2000	\$ 1500 / \$ 1500

All footnotes have been consolidated to a separate page within the proposal output.

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DELTA DENTAL OF RHODE ISLAND

Kent County Water Authority

Summary of Proposed Benefit Plan

Three Year Delta Premier Proposal Effective July 1, 2011 through June 30, 2014

Summary of Covered Services

Preventive/Diagnostic

Cleanings (2/year)	100%
Oral Exam (1/year)	100%
Fluoride Treatment (1/year)	100%
X-Rays	100%

Minor Restorative

Sealants	100%
Fillings	100%
Simple Extractions	100%
Denture Repairs	100%
Palliative Treatment	100%
Biopsies	100%
Single Root Canals	100%
Endodontics	100%
Space Maintainers	100%
Oral Surgery/Anesthesia	100%

Major Restorative

Crowns	100%
Periodontic Cleanings	50%
Periodontic Surgery	50%

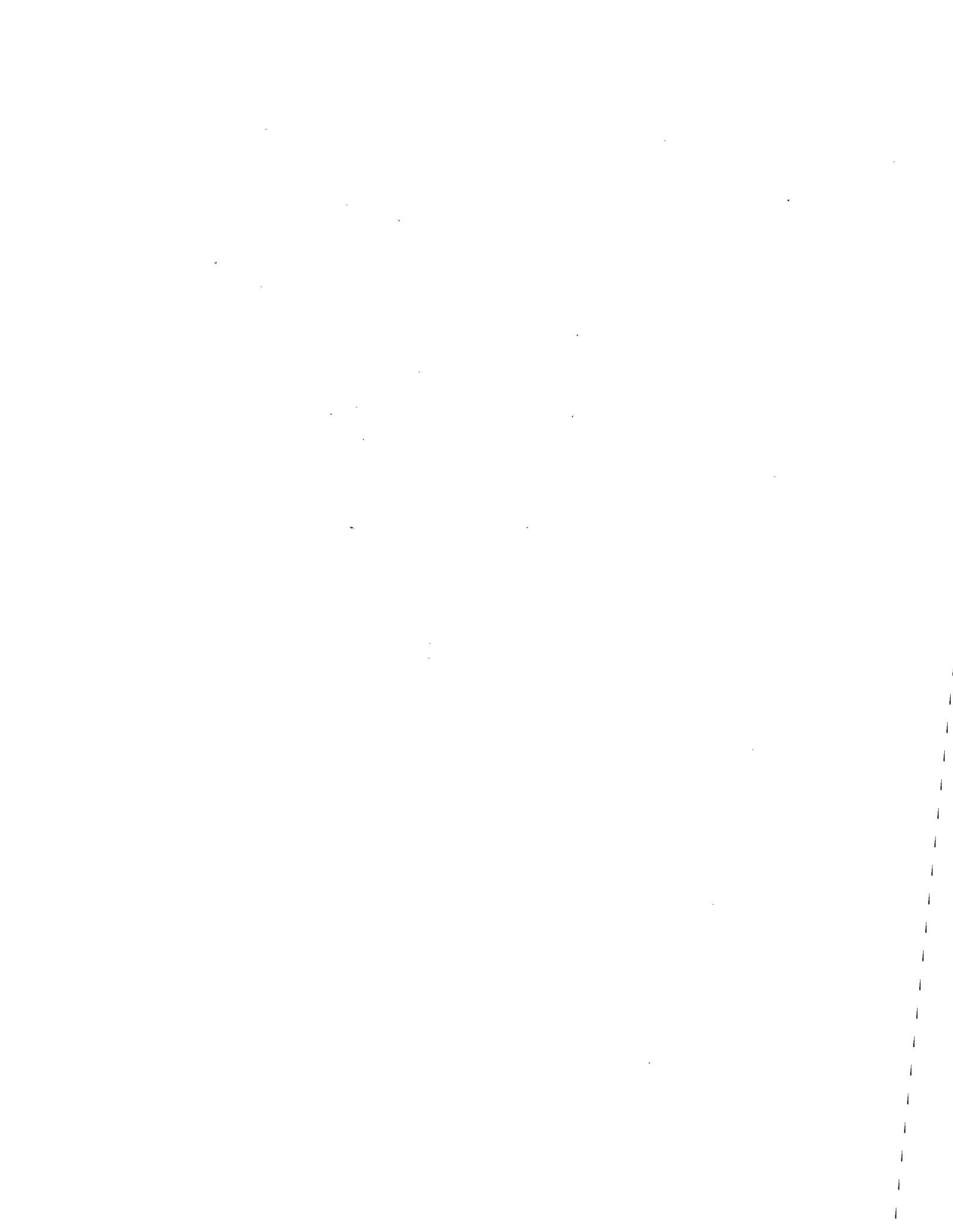
Student Coverage Age 26

Calendar Year Maximum \$1,200

7/1/11 - 6/30/12 Year One Proposal Rates (contingent upon multiyear contract)

Individual	\$32.63
Family	\$99.21

Minimum Participation Requirement is 85% of the Benefit Eligible Employees



## Fully Insured Groups

### **Important: Please be sure to pass this information along to your employees.**

Under the federal Patient Protection and Affordable Care Act (PPACA), there are new rules regarding coverage for dependent children. They are as follows:

- The healthcare reform act requires continued coverage of dependent children until the child's 26th birthday, regardless of marital or student status, whether the child lives with or is financially dependent upon the parent, or whether the dependent is eligible for coverage through his/her employer.
- Dependents can be married, but the dependent's spouse is not eligible. Also, coverage is not available to children of covered children (grandchildren).
- All fully insured groups that provide coverage for dependents are required to adopt this mandate.

### **How does this affect BCBSRI coverage?**

BCBSRI has made the following business decisions regarding fully insured groups. The following changes apply to both medical and dental insurance effective 10/1/10:

- Enrolled dependents who turn 26 between 6/1/10 and 10/1/10 will not be disenrolled.
- Dependents can be added 10/1/10 and after if they have a qualifying event (e.g. change of family status or involuntary loss of other group coverage).
- Dependents that do not have a qualifying event can be added at the next open enrollment (e.g. renewal) on or after 10/1/10.
- Dependents will be disenrolled:
  - I. On the first of the month following their 26th birthday beginning 01/01/11
  - II. Dependents that turn 26 during 2010 will be terminated as of 01/01/11
- Dependents who are disabled may apply for continued coverage after age 26 in accordance with the subscriber agreement.
- Fully insured dental coverage will comply with the mandate as set forth above.

### **Important note:**

BCBSRI will no longer conduct the student recertification process.

- Groups must control and verify their dependents' enrollment and disenrollment.
- The process for adding dependents will not change (e.g., electronic enrollment).
- Services that have a specific age limit (i.e. sealants to age 18) will not be changed to age 26.

## Ban on Lifetime and Annual Limits for Essential Health Benefits

**Important: Please be sure to pass this information along to your employees.**

### The ban on lifetime and annual limits:

Under the federal healthcare reform law, health plans are no longer allowed to impose lifetime or annual dollar limits on "essential health benefits." The federal ban on these limits took effect for any health plan that began or renewed on or after September 23, 2010.\*

**The majority of Blue Cross & Blue Shield of Rhode Island (BCBSRI) plans do not have lifetime and annual limits. This reform provision impacts only a small number of plans. To comply with the new law, BCBSRI has removed these limits, including the lifetime limit for the following plan:**

- BlueCHIP for Healthy Options and Classic: Lifetime limits have been removed for the basic level of benefits.

BCBSRI will also notify members who have reached the lifetime limit on their plan that they may re-enroll, provided they are still eligible for coverage. This notice must be provided no later than the first day of the plan year, and members must be given 30 days to re-enroll.

### Annual limits ban:

The ban on annual limits on essential health benefits will be phased in over three years under the new law, with a full ban taking effect January 1, 2014. The three-year phased approach allows a plan to set annual limits on the dollar value of essential health benefits so long as that limit is not less than:

- \$750,000 for plan years beginning on or after September 23, 2010, but before Sep. 23, 2011
- \$1.25 million for plan years beginning on or after September 23, 2011, but before Sep. 23, 2012
- \$2 million for plan years beginning on or after September 23, 2012, but before Jan. 1, 2014

### Essential Health Benefits

The new law identifies essential health benefits as follows:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

These broad categories of benefits have not been defined in detail by HHS at this time.

## Permissible Limits

Annual limits can be applied to non-essential benefits. BCBSRI covers several services that, in accordance with Rhode Island law, are subject to annual dollar limits. These do not appear to fall within the definition of essential health benefits under PPACA. These limits will continue until additional guidance is issued.

- Early intervention services (EIS) up to \$5,000 per child per year through age 3.  
EIS coverage provides coverage for educational, developmental, health, and social services provided to children from birth to 36 months. Such services may include speech therapy, physical therapy, case management, and nutrition services.
- Hearing aid services up to \$1,500 per ear every three years for members under 19 years old and \$700 per ear every three years for members 19 and older.
- Hair prosthetics (wigs) up to \$350 per year for hair loss suffered as a result of cancer treatment.
- Outpatient enteral nutrition up to \$2,500 per year when taken orally for the treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroesophageal reflux, chronic intestinal pseudo obstruction, and inherited diseases of amino acids and organic acids.

\*Lifetime and annual limits must be removed beginning with the first plan year beginning on or after September 23, 2010. "Plan year" means the date specified in the group health plan's plan document or, if no plan year is specified, the deductible or limit year, or if there is no deductible or limit year, the policy year. Because BCBSRI does not collect plan year information, we assume that each group health plan's plan year coincides with the BCBSRI renewal date.



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09/10 SAL-7924

## Preventive Services

**Important: Please be sure to pass this information along to your employees.**

The federal healthcare reform law, known as the Patient Protection and Affordable Care Act (PPACA), mandates 100 percent coverage—pre-deductible—for many preventive services. Beginning October 1, 2010 upon renewal,\* group health plans will be required to cover these designated preventive health services, as outlined by the federal Interim Final Regulations (IFR).

**IFR regulations are based on recommendations from the following government organizations:**

- U.S. Preventive Services Task Force
- U.S. Centers for Disease Control and Prevention
- Health Resources and Services Administration (HRSA)

**Key points of the preventive healthcare services federal mandates:**

- Preventive health services are defined as primary healthcare that is aimed at screening for and prevention of disease.
- Coverage must follow ongoing recommendations by the U.S. Preventive Services Task Force, Advisory Committee of Immunization Practices of the Centers for Disease Control and Prevention, and the Health Resources and Services Administration.
- New federal rules go into effect for plans that begin on or after September 23, 2010 as well as plans that renew on or after that date.
- Plans must offer coverage for newly recommended preventive services no later than one year after the recommendation is made by one of the above organizations.
- Cost sharing cannot be imposed on mandated preventive health services when those services are provided by an in-network provider.
- Cost sharing can be imposed on services provided by out-of-network providers.
- Grandfathered plans are exempt from these preventive services coverage requirements.
- When state law is more generous than the federal mandates when it comes to coverage for preventive services, state law takes precedence.

**Top line changes in preventive healthcare services. The following services are covered at 100%:**

- Annual Preventive Health Exams with associated screenings such as blood pressure, weight, BMI, etc.
- Children up to 30 months receive up to 11 well-baby visits at prescribed intervals.
- Pre-natal visits and women's annual exams including pap smears and mammograms
- Smoking cessation and nutritional counseling
- Immunizations (we already cover these at 100%) including administration
- Colorectal screenings
- Over-the-counter aspirin, folic acid, iron supplements and smoking cessation medications.

## **Federally mandated preventive services from birth to age 18:**

### **Full coverage for well-baby exams — birth to 30 months:**

Well-baby exams at birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months (11 visits). Infants discharged less than 48 hours after delivery need a visit two to four days after birth. These typically include advice about the child's safety, health, nutrition, and development. These exams may also include immunizations and the following screenings:

- Hearing: For newborn and as the child's healthcare provider advises
- Weight, length, and head circumference
- Hemoglobin or hematocrit: once between 9 and 12 months
- Lead testing at ages 1 and 2, unless lead exposure can be confidently excluded
- Age-appropriate developmental/behavioral assessments

### **Full coverage for annual well-child exams — ages 3 to 18 years:**

Well-child exam should occur once a year for children ages 3 to 18. Well-child exams may include immunizations, discussions on health and wellness issues (nutrition, physical activity, healthy weight, injury prevention, avoidance of tobacco, alcohol and drugs, sexual behavior, dental health, mental health and second hand smoke) and the following screenings:

- Blood pressure
- Height, weight and Body Mass Index (BMI) percentile-for-age
- Age-appropriate developmental/behavioral assessments
- Vision and hearing: at ages 12, 15 and 18 or as the child's healthcare provider advises
- Chlamydia screening for sexually active females under 25
- Age-appropriate developmental/behavioral assessments

### **Federally mandated preventive services for adults 19 and older:**

- Annual Preventive Health Exams with associated screenings such as blood pressure, weight, BMI, etc.
- Blood pressure screening
- Height, weight, and body mass index (BMI) screening
- Cholesterol screening (every five years from age 20-39) and yearly from age 40
- Counseling on health and wellness issues (nutrition, exercise, injury prevention, misuse of drugs and alcohol, tobacco cessation, second hand smoke, sexual behavior, dental health, and mental health)
- Hearing: as recommended by the healthcare provider

### **Colorectal cancer screening**

Beginning at age 50, screening recommendations include one of these six testing options:

- Fecal Occult Blood Test (FOBT) each year
- Flexible sigmoidoscopy every five years
- Double-contrast barium enema every five years
- Colonoscopy every 10 years
- CT colonography may be an appropriate alternative to colonoscopy

# Federal Healthcare Reform

## Women:

- Clinical breast exam by health provider every two to three years.
- Cervical cancer screening beginning within three years of sexual activity or age 21 (whichever comes first). Every two to three years ages 30 and older with three consecutive normal PAP tests.
- Chlamydia test for sexually active women ages 25 and older.
- Osteoporosis: Bone density testing should begin no later than age 65. Earlier screening may be appropriate for some women.

## Men:

- Abdominal aortic aneurysm: One time for ages 65 to 75 who have ever smoked
- Prostate cancer\*\*

## Preventive services for pregnant women:

Pregnant women will be covered for the following visits, tests, screenings, and immunizations:

- Initial visit with OB/GYN in the first trimester.
- Hematocrit/Hemoglobin
- Syphilis
- HIV
- Rubella immunity to identify women needing rubella vaccine after giving birth
- Rh(D) blood type and antibody testing. If Rh(D)negative, repeat testing at 26 to 28 weeks
- Hepatitis B
- Urinalysis as your healthcare provider advises
- Education regarding diet and activity during pregnancy
- Education and counseling regarding tobacco and other substance avoidance
- Recommended immunizations

**For more information on preventive services mandated by healthcare reform, please visit [healthcare.gov](http://healthcare.gov), Medical Coverage Policies on the Provider section of [BCBSRI.com](http://BCBSRI.com), or contact your BCBSRI Account Representative.**

\*Coverage for preventive services must be in effect on the first plan year beginning on or after September 23, 2010. "Plan year" means the date specified in the group health plan's plan document or, if no plan year is specified, the deductible or limit year, or if there is no deductible or limit year, the policy year. Because BCBSRI does not collect plan year information, we assume that each group health plan's plan year coincides with the BCBSRI renewal date.

\*\*Not required as part of federal reform but is a Rhode Island state mandate.



[www.BCBSRI.com](http://www.BCBSRI.com)

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09/10 SAL-7923

**Groups With 99 Enrolled Employees And Under**

<u>Product</u>	<u>Fees</u>
<b>Health Reimbursement Arrangements</b>	
Setup Fee (one-time)	\$350
Monthly Fee (per enrolled employee per month)	\$4.50 pepm
Minimum Monthly Fee	\$60
Debit Cards (one-time per card)	\$1.10
Deductible Reimbursement Card (one-time per card)	\$0.50
<b>Flexible Spending Accounts</b>	
Setup Fee (one-time)	\$350
Monthly Fee (per enrolled employee per month)	\$4.75 pepm
Minimum Monthly Fee	\$60
Debit Cards (one-time per card)	\$1.10
Annual Renewal Fee	\$200
<b>Health Savings Accounts</b>	
Setup Fee (one-time)	\$350
London's Monthly Fee (per enrolled employee per month)	\$3.25 pepm
HSA Bank's Monthly Fee (per enrolled employee per month)	\$2.25 pepm
<i>* HSA Bank fee is waived if member's account balance is \$3,000 or greater</i>	
Debit Cards (one-time per card)	\$1.10

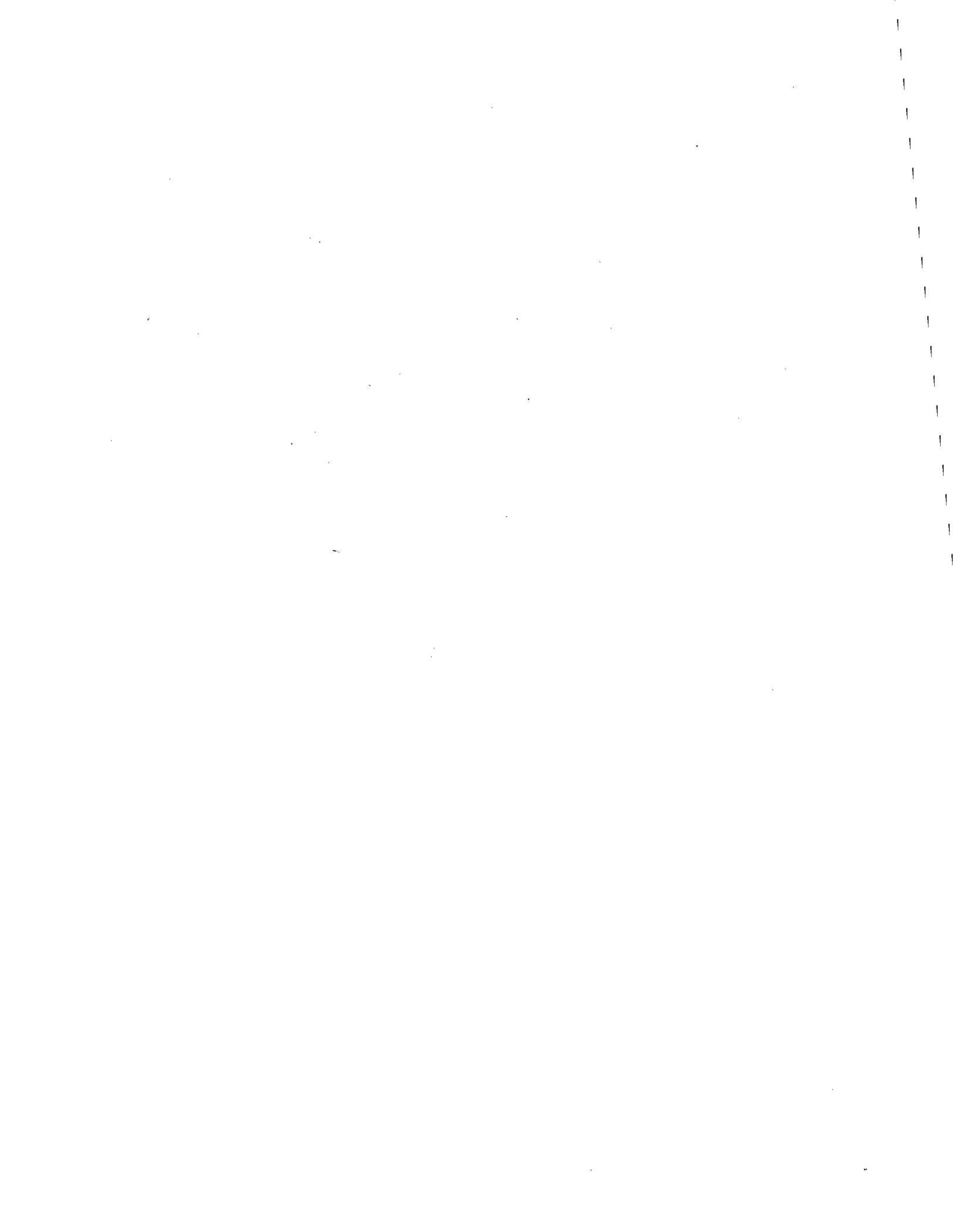
\* If two or more Consumer Spending Account (CSA) plans are combined within the same client then a 20% discount off the total monthly fee will be applied. Also, the client will only be charged one account setup fee if they enroll in two or more CSA plans.

**Groups With 100 Enrolled Employees And Over**

<u>Product</u>	<u>Fees</u>
<b>Health Reimbursement Arrangements</b>	
Setup Fee (one-time)	\$500
Monthly Fee (per enrolled employee per month)	\$4.50 pepm
Minimum Monthly Fee	\$60
Debit Cards (one-time per card)	\$1.10
Deductible Reimbursement Card (one-time per card)	\$0.50
<b>Flexible Spending Accounts</b>	
Setup Fee (one-time)	\$500
Monthly Fee (per enrolled employee per month)	\$4.75 pepm
Minimum Monthly Fee	\$60
Debit Cards (one-time per card)	\$1.10
Annual Renewal Fee	\$200
<b>Health Savings Accounts</b>	
Setup Fee (one-time)	\$500
London's Monthly Fee (per enrolled employee per month)	\$3.25 pepm
HSA Bank's Monthly Fee (per enrolled employee per month)	\$2.25 pepm
<i>* HSA Bank fee is waived if member's account balance is \$3,000 or greater</i>	
Debit Cards (one-time per card)	\$1.10

\* If two or more Consumer Spending Account (CSA) plans are combined within the same client then a 20% discount off the total monthly fee will be applied. Also, the client will only be charged one account setup fee if they enroll in two or more CSA plans.

\*\* **Setup Fee:** For groups with over 500 employees, there will be a \$1 additional charge per enrolled employee over 500.



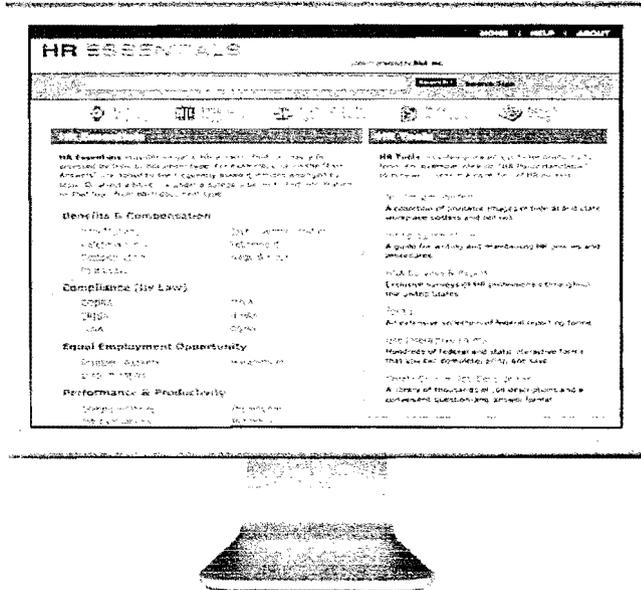


Starkweather & Shepley

# Introducing HR Essentials

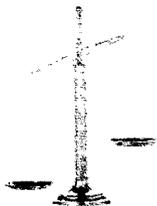
Starkweather HR Essentials is an easy to use, web-based, turn-key solution that puts a library of critical information at an employment professional's fingertips.

Save time with this concise resource, featuring nuts-and-bolts information and answers on virtually every human resource issue encountered in today's fast-paced world.



## A Wide Range of Critical Information, News, and Guidance

Find solutions for a wide range of employment matters with a single, targeted, all-in-one resource, containing practical, up-to-date guidance in an easy-to-use format. Develop sound HR policies in your organization with background information on legal requirements, ready-to-use model policies, sample forms, charts, and checklists.



## State Specific Employment Law Updates

Protect your organization from liability for unlawful discrimination and other employment violations with clear, concise analysis of employer obligations and employee rights. Handle employee issues confidently. Quickly locate answers to common questions on hiring, firing, and everything in between.



## Find Information on

Topics covered in the HR Essentials library include: Benefits Administration, Communications, Conduct and Discipline, EEO and Non-discrimination, Employee Services, Health and Welfare Benefits, Hiring, HR Administration, Pay Systems, Payroll Administration, Productivity and Performance, Recordkeeping Requirements, Retirement and Pension Benefits, Safety, Security, and Risk Management, Schedules and Leave, and much more.

# **EXHIBIT B**

Kent County Water Board Meeting

May 19, 2011



**TASK ORDER NO. 6**

**AGREEMENT BETWEEN  
KENT COUNTY WATER AUTHORITY  
AND  
ENGINEER FOR SERVICES**

This Task Order No. 6 is attached to and made part of the Agreement dated **1 July 2008** between James J. Geremia & Associates, Inc. (ENGINEER) and Kent County Water Authority (OWNER) for the 2009A/2009B Infrastructure Improvements Project. This Task Order describes the Scope of Service and Compensation for the Task Order known as:

**1. SCOPE OF SERVICE**

ENGINEER shall provide to OWNER the specific services as outlined in Section 1.4.1 (Construction Administration Services) and Section 1.4.2 (Resident Inspection Services) of the basic contract for the 2009B Infrastructure Improvements Project. This Task Order also reflects the rate increase through the completion of the project, as allowed in our basic agreement.

**3. COMPENSATION INVOICING**

The method of payment for services rendered by the ENGINEER as outlined in Section 1 of this Task Order shall be based upon the following hourly rates. Note: The rates presented below are the projected average rates for the 2009B Infrastructure Improvements Project through the completion of the project (November 2012).

Principal	\$ 127.00
Project Manager	\$ 101.00
Engineer	\$ 75.00
CADD Technician	\$ 55.00
Clerical	\$ 60.00
Resident Inspector	\$ 55.00

Mileage during construction: \$0.50/mile.

Acceptance of the terms of this Task Order is acknowledged by the following authorized signatures of the parties to the Agreement.

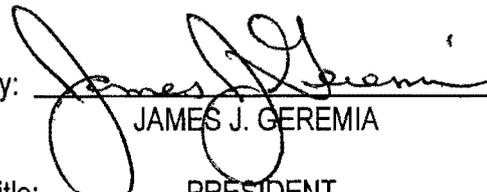
**OWNER**

**ENGINEER**

KENT COUNTY WATER AUTHORITY

JAMES J. GEREMIA & ASSOCIATES, INC.

By: \_\_\_\_\_  
ROBERT B. BOYER

By:  \_\_\_\_\_  
JAMES J. GEREMIA

Title: CHAIRMAN

Title: PRESIDENT

Date: \_\_\_\_\_

Date: APRIL 29, 2011

"B"