

LOA 6 Medical and Dental Plan Transition

LETTER OF AGREEMENT

between

UNITED AIRLINES, INC.

and

THE AIR LINE PILOTS

in the service of

UNITED AIRLINES, INC.

as represented by the

AIR LINE PILOTS ASSOCIATION, INTERNATIONAL

This Letter of Agreement is made and entered into in accordance with the provisions of Title II of the Railway Labor Act, as amended, by and between United Airlines (hereinafter referred to as the "Company") and the Air Line Pilots in the service of United Airlines, as represented by the Air Line Pilots Association, International (hereinafter referred to as the "Association" or "ALPA"),

Whereas, the Company and the Association have entered into the Agreement reflecting the merger between United Air Lines, Inc. ("United") and Continental Airlines, Inc. ("Continental"); and

Whereas, as part of the Agreement, the parties have agreed to modify and consolidate the medical and dental benefits for Active Pilots and their dependents in various respects from the benefits that were separately in effect at United and Continental prior to the effective date of the Agreement; and

Whereas, the agreed modifications include changes to medical plan design (including the establishment of certain new core medical plan options for pilots, the protection of certain select regional medical plans in which pilots have participated, the elimination of certain plan options previously offered to pilots, and adoption of a provision permitting the Company, in its discretion, to offer to pilots a variety of new and existing optional plans); and

Whereas, the agreed modifications also include an agreement for a one-time reset of Company/Pilot cost-sharing percentages to eighty percent (80%) Company-paid, twenty percent (20%) Pilot paid, as well as certain modifications to the process by which Pilot contributions for medical benefits shall be determined in the future; and

Whereas, the Company and the Association have agreed that the change from the plan designs and costing-sharing agreements separately in effect immediately prior to the effective date of the CBA at United and Continental, to the new plan designs and cost-sharing agreements going forward at the Company, shall be accomplished in stages;

Now, Therefore, the Company and the Association have entered into this Medical Plan Transition Agreement for Active Pilots and pre-Medicare retired Pilots, effective on the effective date of the

Agreement, in order to provide for the transition to the new medical plan designs and cost-sharing agreements, as follows:

1. Fall 2012 Open Enrollment for 2013.

In Fall 2012, prior to the effective date of the Agreement, the Company has conducted separate annual Open Enrollments (the “2012 Open Enrollments”) for medical, dental and other benefits available to Pilots on the seniority list of United (the “sUA Pilots”) under the collective bargaining agreement between the Association and United (the “Prior UAL CBA”) as in effect immediately prior to the effective date of the Agreement, and to Pilots on the seniority list of Continental (the “sCO Pilots”) under the collective bargaining agreement between the Association and Continental (the “Prior CAL CBA”) as in effect immediately prior to the effective date of the Agreement, and Pilots have elected medical coverage and, if eligible, dental coverage for themselves and their eligible Dependents from among the options offered under the Prior UAL CBA or Prior CAL CBA, as applicable, at the contribution rates in effect thereunder.

2. Special Open Enrollment.

As soon as practicable following ratification of the Agreement, the Company shall implement and complete a Special Open Enrollment for Pilots with coverage to be effective no later than the first (1st) day of the calendar month coincident with or next following the forty-fifth (45th) day following the effective date of the Agreement (the “Coverage Effective Date”). Such Coverage Effective Date may only occur later in case of circumstances beyond the Company’s reasonable control or by agreement of the parties. In such Special Open Enrollment, all Pilots shall be afforded the opportunity to change their enrollments for medical and dental benefits for themselves and for their eligible Dependents (including Pilots who waived coverage in the 2012 Open Enrollment). If the Special Open Enrollment for Pilots occurs in 2012, each Pilot shall also be permitted to change his health care FSA election for 2013, provided his election (and, if applicable, correction) is made prior to January 1, 2013.

(a) Conduct of Special Open Enrollment.

All Pilots shall be afforded the maximum amount of time reasonably feasible, consistent with the timing of the ratification vote and the desirability of a Coverage Effective Date of January 1, 2013, or as soon as possible thereafter, in which to exercise their right to change their elections. In no event shall the election period be less than two weeks after receipt of enrollment materials, followed by a correction period of an additional two (2) weeks. The Company shall provide enrollment materials, forms and information, by electronic delivery/access and regular mail consistent with the Fall 2012 separate Open Enrollments, reasonably sufficient to enable Pilots to make informed choices from among the options being offered; provided that the Association may review and comment on enrollment materials. Enrollment elections may be required to be made by telephone.

(b) Options to Be Offered.

In the Special Open Enrollment pursuant to (a) above, all Pilots shall be permitted to elect coverage under any medical option offered to either sCO or sUA pilots in the 2012 Open

Enrollment, subject only to the requirement in the case of any HMO option (insured or self-insured) that the Pilot must reside in the HMO’s service area. Further, all Pilots other than retired Pilots shall be permitted to elect coverage under the Core Dental Option (PPO) and the optional Aetna DHMO (notwithstanding anything in Section 24-C-2 of the Agreement to the contrary). Pilots grandfathered in the CIGNA DHMO shall be permitted to remain enrolled by not making a dental election in the Special Open Enrollment. The Special Open Enrollment for Pilots may also include election of other benefits as necessary or appropriate to implement other benefits described in Section 24 of the Agreement.

(c) 2013 Required Monthly Contributions.

The Required Monthly Contributions for 2013 (or the portion of 2013 after the Coverage Effective Date) for each of the options offered in the Special Open Enrollment shall be the amounts determined as provided in Paragraph 3 below.

(d) Default.

In the event any Pilot fails to make a coverage election in the Special Open Enrollment:

- (i) Such Pilot shall default to the medical coverage elected (or deemed to have been elected) in the 2012 Open Enrollment. In the case of dental coverage, the default coverage for a Pilot who elected a PPO in 2012 Open Enrollment shall be the Core Dental Option (PPO) and the default coverage for a Pilot who elected a DHMO in 2012 Open Enrollment shall be the optional Aetna DHMO. In the case of the frozen CIGNA DHMO for grandfathered Pilots, the default coverage shall be to remain in the CIGNA DHMO.
- (ii) For purposes of the wellness credit, the sUA Pilot shall default to “non-smoker” status for 2013; and if such Pilot also fails to make an election for 2014 the 2014 default shall be “smoker.”
- (iii) For purposes of the spousal surcharge, the sUA Pilot shall default to “no alternate employer-subsidized spouse coverage available” for 2013; and if such Pilot also fails to make an election for 2014 the 2014 default shall be “spouse is eligible for alternate employer-subsidized spouse coverage available.”

3. Required Monthly Contributions for 2013 – Medical.

Commencing on the Coverage Effective Date and continuing through December 31, 2013, the Required Monthly Contributions for each of the medical offerings shall be determined as follows:

(a) Designation of Core Options for 2013.

The following shall be treated as “2013 Core Options”:

- (i) The United Traditional Medical PPO;

(ii) The Continental “Build Your Own” EPO closest in relative value to the Core EPO described in Section 24-B-1-b of the Agreement, as determined by the Company and the Association; and

(iii) The Select Regional Medical Plans listed in Section 24-B-6 of the Agreement.

All other plans or programs offered in the Special Open Enrollment shall be treated as “2013 Non-Core Plans.”

(b) Revised “Total Projected Cost” for 2013.

“Total Projected Cost” of all medical plans and programs offered by the Company to Pilots in the Special Open Enrollment, to be used for purposes of determining Required Monthly Contributions for such offerings for 2013, shall be established as follows:

(i) The Total Projected Cost, as previously separately determined in or about August 2012 for sCO plan offerings (utilizing the actuarial assumptions and methodology in effect under the Prior CAL CBA) and for sUA plan offerings (utilizing the actuarial assumptions and methodology in effect under the Prior UAL CBA), shall be consolidated after being rescaled to reflect the relative values of the various plan offerings in order to achieve the same aggregate Total Projected Cost before taking into account any assumed migration in enrollment as a result of the Special Open Enrollment.

(ii) In consolidating the Total Projected Costs of the sCO and sUA plan offerings, the Total Projected Cost for sUA plan offerings shall first be adjusted:

A. To reverse and eliminate the effect of the experience true-up adjustment made under sUA costing methodology to 2013 Total Projected Cost, such adjustment (together with any true-up adjustment based on 2012 experience and any unamortized balances of prior years’ true-up adjustments) to be handled as provided in Paragraph 4 below.

B. To add to the administrative costs taken into account under sUA costing methodology for 2013 a wellness “load” as determined to be appropriate by the Company Actuary and the ALPA Actuary.

(iii) The Total Projected Cost of the sCO plan offerings, or of the sUA plan offerings, or both, shall be adjusted as actuarially appropriate to remove any double counting of sUA Management & Administrative employee PPO claims experience (and, if necessary, the PPO claims experience of any other employee group).

(iv) Except as expressly modified herein, the LOA 5 Medical and Dental Rate Setting (“Rate Setting Agreement”) shall apply to the establishment of 2013 Total Projected Cost and Required Monthly Contributions. Relative plan values, and any other required modification of actuarial assumptions and methodology necessary or appropriate in determining 2013 Total Projected Cost and Required Monthly Contribution, shall be established by agreement of the Company Actuary and the ALPA Actuary.

(c) One-Time Reset of Cost Share Percentages.

On a one-time basis, the Company/Pilot medical cost share percentages shall be reset to 80%/20%, without regard to the otherwise applicable limit on maximum year-over-year increases in Pilot contribution rates as follows:

- (i) The Required Monthly Contributions for the 2013 Core Options shall be twenty percent (20%) of Total Projected Cost for each coverage tier, actuarially determined in accordance with Paragraph 3-(b) of this Letter of Agreement, after taking into account wellness credits and spousal surcharges under Paragraph 3-(d) of this Letter of Agreement.
- (ii) The Required Monthly Contributions for the 2013 Non-Core Options shall be determined by the Company in its discretion, except that:
 - A. Differences in the Required Monthly Contributions by coverage tier for all 2013 Non-Core Options shall be established on a cost-based relativity as determined by agreement of the Company Actuary and the ALPA Actuary; and
 - B. The cost share percentages of all 2013 plan offerings (Core and Non-Core) shall satisfy the 80/20 Aggregate Limit described in Section 24-B-5-c of the Agreement and Paragraph 1-E-(5) of LOA 5 Rate Setting Agreement.

(d) Wellness Credits and Spousal Surcharges.

The tobacco wellness credit and spousal surcharge provisions of Section 24-B-5-d of the Agreement and Paragraph I-E-(5)-(b) of LOA 5 Rate Setting Agreement shall apply to the 2013 Required Monthly Contributions. Accordingly, the Required Monthly Contributions for Pilots may vary from the percentages of Total Projected Costs specified in Paragraph (c)-(ii) of this Letter of Agreement based on the Pilot's individual circumstances.

(e) 2013 Contribution Rate Tables.

Appendix A attached to this Medical and Dental Transition Agreement contains tables showing the 2013 medical contribution rates under Paragraph 3 of this Letter of Agreement for each coverage tier under the Core Medical PPO and Core Medical EPO for Pilots and spouses/domestic partners who are non-smokers and are not subject to the spousal surcharge.

(f) Aggregate Contribution Adjustment.

The provisions of Section 24-B-5-d of the Agreement and Paragraph I-E-(5) of LOA 5 Rate Setting Agreement shall apply for the 2013 Plan Year. Any required adjustment under Paragraph I-E-(5)-(c) shall be made on or before December 31, 2013.

4. Treatment of United Pilots' Unamortized pre-2013 Experience True-Up Adjustments.

As soon as practicable after December 31, 2012, the Company Actuary and the ALPA Actuary shall determine the accumulated net unamortized balance of the experience gains and losses for years prior to 2013. The dollar amount of any net accumulated unamortized credit due to Pilot contributions shall be allocated among Pilots enrolled in active medical coverage under

the Prior UAL CBA in 2012 and who continue to be enrolled in active medical coverage in 2013 under the Agreement, pro rata, in the proportion which each eligible person’s 2012 contributions bear to the total 2012 contributions of all eligible persons. The allocated credit shall be distributed as soon as practicable to eligible persons with respect to their Required Monthly Contributions for 2013 active medical coverage. The precise form, timing and amount of such distribution shall be established by agreement of the parties.

5. Bridge Retirement for Continental Pilots.

Any Pilot covered by the Prior CAL CBA who retires on or after the effective date of the Agreement and prior to January 1, 2014, shall be eligible to elect to retire under the retiree bridge medical provisions of Section 27, Part 6 of the Prior CAL CBA or under the retiree medical provisions of Section 24-F of the Agreement. In either case, such Pilot shall be eligible to participate in the RHA VEBA under Section 24-G of the Agreement.

6. Transition of Care.

Transition of care (“TOC”) shall be provided to Pilots who, in the Special Open Enrollment, elect to change the medical option they elected (or were deemed to have elected) in the 2012 Annual Enrollment for the 2013 plan year (the “Prior Coverage”) to a different medical option for the 2013 plan year (the “New Coverage”), in accordance with the following:

(a) Transition of Care for Self-Insured Options.

For a period ending on the earlier of: (x) the date on which care has been completed or safely transitioned to an in-network provider under the New Coverage; or (y) the last day of the sixth (6th) calendar month following the Coverage Effective Date, Pilots who elect as their New Coverage any self-insured option offered by the Company shall be entitled to continue to receive care, on an in-network basis, for medical and behavioral conditions of the kinds specified in Paragraph 6-(a)-(iii) of this Letter of Agreement as qualifying for TOC coverage, from providers who were participating providers in the Prior Coverage network but are not participating network providers in the New Coverage network. TOC shall be provided in accordance with the standard forms, procedures, rules and practices of the New Coverage third party administrator, provided, that, notwithstanding anything in such procedures, rules or practices to the contrary, TOC coverage shall not be less favorable to Pilots than is required by the provisions of (i) through (iv) below:

(i) Requirements and Limitations.

Pilots seeking TOC coverage under this Paragraph 6 must submit a request in accordance with the third party administrator’s standard practice, within the time required by the third party administrator (but in no event less than forty-five (45) days after the Coverage Effective Date). Transition coverage shall be provided only for the specific condition or illness approved by the third party administrator and for the specific provider or providers identified in the request. In addition, transition of care coverage shall only apply to medical and behavioral conditions in active treatment as of the Coverage Effective Date, as defined in (ii) below. Requests shall be approved if consistent with the provisions of this Paragraph 6.

(ii) Definition of “Active Treatment”.

For purposes of this Paragraph 6, a condition is “in active treatment” if, as of the Coverage Effective Date, the patient is in the course of a program of planned services with a doctor to correct or treat a diagnosed condition, having a start date before the Coverage Effective Date and a planned number of services or period of treatment extending beyond the Coverage Effective Date. The treatment start date is the first date of service or treatment (evidenced by a doctor’s visit or hospitalization, with documented initiation or modification of a therapeutic regimen in respect of the condition).

(iii) Treatment Qualifying for Transition of Care Coverage.

TOC coverage shall apply to behavioral conditions under active treatment as of the Coverage Effective Date. TOC coverage shall also apply to acute or elevated risk illnesses or medical conditions under active treatment as of the Coverage Effective Date. Examples of conditions qualifying for TOC coverage include, but are not limited to: (i) pregnancies in the second or third trimester as of the Coverage Effective Date; (ii) high risk pregnancies (e.g., the patient has experienced early delivery (three (3) weeks or more) in a prior pregnancy, the patient has (or had) gestational diabetes or pregnancy-induced hypertension, the patient has incurred multiple in-patient admissions or out-patient bed confinement during the course of the current pregnancy, or the patient is a mother thirty-five (35) years of age or older); (iii) the patient has been prescribed, and is in the course of, diagnostic biopsy, hematology, radiological, magnetic resonance imaging, computed tomography (CT) scan, positron emission tomography (PET) scan or other diagnostic or evaluative scan or procedure, for the purpose of evaluating actual or suspected cancerous or precancerous masses, polyps, tumors or lesions; (iv) the patient has newly-diagnosed or recurrent cancer or is in the course of any prescribed chemotherapy, radiation therapy, hormonal treatment, genetic replacement treatment or surgical treatment (excision, revision or reconstruction) with respect to newly-diagnosed, remitted, recurrent or metastasized cancer; (v) the patient has suffered serious injury or trauma; (vi) the patient is an organ or bone marrow transplant candidate or an unstable recipient of a transplant or a recipient of a transplant in need of ongoing care as a result of complications associated with the transplant; (vii) the patient was, prior to the Coverage Effective Date, scheduled for major non-elective surgery or has undergone recent major surgery and is still in the follow-up process (generally 6 to 8 weeks following the surgery); (ix) the patient is in active treatment for an acute condition such as renal failure (including dialysis), heart attack, stroke or other cardio-vascular incident, or an unstable chronic condition; (x) the patient has an illness or condition diagnosed as terminal (i.e., the patient is expected to live less than 6 months; or (xi) the patient is confined to a hospital as of the Coverage Effective Date.

(iv) Conditions Not Qualifying for Transition of Care Coverage.

Examples of conditions that do not qualify for transition of care coverage include, but are not limited to: (i) routine physical or other examinations, vaccinations and health assessments; (ii) stable chronic conditions such as diabetes, arthritis, allergies, asthma, hypertension or glaucoma; (iii) acute minor illnesses such as colds, sore throats or ear infections; and (iv) elective scheduled surgeries such as removal of lesions, bunionectomy, hernia repair or hysterectomy.

(b) Transition of Care for Insured Options.

For Pilots who elect to change their coverage to an insured option offered by the Company, the Company agrees that it shall use its reasonable best efforts to secure the agreement of the insurer to provide transition of care coverage on terms at least as favorable as those specified in Paragraph 6-(a) of this Letter of Agreement, or as close to such terms as is reasonably possible.

7. Coordination of Deductibles, Co-Pays and Maximum Out-of-Pocket Limits in Event of Post January 1, 2013 Implementation.

In the event the Coverage Effective Date is after January 1, 2013, each Pilot who elects a coverage option in the Special Open Enrollment that is both i) different than the option he elected in the 2012 Open Enrollment and ii) administered by a different third party administrator:

- (a) for the following HMOs, Kaiser, HMO Illinois, Group Health Cooperative (WA), and HMSA, any Pilot electing such HMO in the Special Open Enrollment shall receive credit for any deductibles, co-pays, and maximum out-of-pocket limits incurred in the option elected in the 2012 Open Enrollment, provided that the HMO agrees to such credit and the Pilot complies with the procedures and documentation requirements of the HMO elected in the Special Open Enrollment (the Company agrees that it shall use its reasonable best efforts to secure the agreement of the insurer to recognized the year-to-date incurred expenses); and
- (b) for any other option, the Pilot shall receive credit in the option elected in the Special Open Enrollment for any deductibles, co-pays, and maximum out-of-pocket limits incurred in the option elected in the 2012 Open Enrollment, provided that within 180 days of the Coverage Effective Date the Pilot submits the most recent Explanation of Benefits (“EOB”) from the administrator of the option elected in the 2012 Open Enrollment to the administrator of the option elected in the Special Open Enrollment.

8. Process for 2014 – Medical.

For 2014 and thereafter, Pilots shall be eligible for medical plans as set forth in Section 24-B of the Agreement; provided, however, that the Company and the Association may discuss the appropriateness of any optional medical plans. The rate setting process for 2014 shall be in accordance with the Rate Setting Agreement, subject to the following:

- (a) Applicability of Experience True-Up.

The Experience True-Up for medical plans described in Paragraph I.E.5 of the Rate Setting Agreement LOA 5 shall apply in 2014 rate-setting with 2013 being the first Look Back Year and 2015 being the first Rating Year for such purpose.

(b) Establishment of Relative Plan Values.

Relative plan values for all medical plans and programs, whether required or optional, offered by the Company in 2014 and subsequent years under Section 24 of the Agreement shall be established by agreement between the Company Actuary and the ALPA Actuary.

(c) Application of nine and one-quarter percent (9.25%) Limit on Year-Over-Year Increases in Required Monthly Contributions.

The nine and one-quarter percent (9.25%) limit on year-over-year increases in Pilot Required Monthly Contributions described in Section 24-B-5-e of the Agreement and Paragraph I-F of the Rate Setting Agreement, shall apply in setting Required Monthly Contributions for 2014, subject to the following:

(i) The 2014 composite Required Monthly Contribution for each coverage tier under the Core PPO Option shall not exceed the lesser of:

- A. Twenty percent (20%) of Total Projected Cost for such coverage tier determined in accordance with the Rate Setting Agreement;
- B. The relative value adjusted composite 2013 Required Monthly Contribution for such coverage tier under the sUA Traditional PPO, multiplied by 1.0925; or
- C. The relative value adjusted composite 2013 Required Monthly Contribution for such coverage tier under the sCO 350 PPO, multiplied by 1.0925.

(ii) The 2014 composite Required Monthly Contribution for each coverage tier under the Core EPO Option shall not exceed the lesser of:

- A. Twenty percent (20%) of Total Projected Cost for such coverage tier determined in accordance with the Rate Setting Agreement; or
- B. The relative value adjusted composite 2013 Required Monthly Contribution for such coverage tier under the Continental "Build Your Own" EPO designated as the 2013 Core Option pursuant to Paragraph 3(a)(ii) above, multiplied by 1.0925.

(d) 2014 Required Contributions.

Appendix B attached to this Medical and Dental Transition Agreement contains tables showing the maximum 2014 medical contribution rates under this Paragraph 8 for each coverage tier under the Core Medical PPO and Core Medical EPO for Pilots and spouses/domestic partners who are non-smokers and are not subject to the spousal surcharge.

9. Additional Dental Provisions.

- (a) For 2014, Pilots shall be eligible for the Core Dental Option, the Aetna DHMO, and any new dental plans for 2014 (and, for grandfathered Pilots, the frozen CIGNA DHMO), notwithstanding anything in Section 24-C-2 of the Agreement to the contrary. For 2015 and thereafter, Pilots shall be eligible for dental plans strictly in accordance with Section 24-C of the Agreement.
- (b) Appendix C attached to this Medical and Dental Transition Agreement contains tables showing the dental rates for the Core Dental Option available in the 2013 Special Open Enrollment. For 2014 and thereafter, dental rates shall be determined in accordance with Section 24-C of the Agreement and the Rate Setting Agreement.

10. Disputes.

The Company and the Association shall meet and agree on any other issues relating to the 2013 and 2014 transition issues described herein. Any disputes arising under this Medical and Dental Transition Agreement shall be submitted directly to the five-member Benefits Review Board and resolved by expedited arbitration.

11. Definition of Pilot.

As used herein, the term "Pilot" as defined in the Agreement also includes Survivors and, with respect to medical benefits, pre-Medicare sCO and sUA retired Pilots.

12. Definition of Company. Notwithstanding anything herein to the contrary, for purposes of this Letter of Agreement the terms "United Airlines" and "Company" include United Air Lines, Inc., Continental Airlines, Inc., and any other affiliate of such entities that sponsors any welfare benefit plan referred to herein.

This Letter of Agreement shall be effective on the effective date of the Agreement and shall remain in full force and effect concurrent with the provisions of Section 24 of the Agreement.

AGREED, this 18th day of December, 2012.

For United Airlines, Inc.:

For the Air Line Pilots Association, International:

Captain Fred Abbott
Senior Vice President
Flight Operations

Captain Donald L. Moak
President
Air Line Pilots Association, International

P. Douglas McKeen
Senior Vice President
Labor Relations

Captain Jay Heppner
Chairman
UAL MEC

Captain Jay Pierce
Chairman
CAL MEC

Appendix A – 2013 Core Medical Rates

Core PPO Option

Coverage Tier	2013 Monthly Pilot Contribution*
Employee only	\$103.81
Employee and Spouse/Domestic Partner	\$231.96
Employee and Child(ren)	\$182.70
Employee and Family	\$310.85

Core EPO Option

Coverage Tier	2013 Monthly Pilot Contribution*
Employee only	\$100.48
Employee and Spouse/Domestic Partner	\$224.47
Employee and Child(ren)	\$176.88
Employee and Family	\$300.87

*Assumes Pilot is non-smoker and is not covering spouse with alternate coverage available. Contributions increase \$48 per month for each employee or spouse using tobacco. An additional \$50 per month is charged to cover a spouse that has alternative coverage available through their own employer

Appendix B – 2014 Core Medical Maximum Rates

Core PPO Option

Coverage Tier	2014 Maximum Monthly Pilot Contribution*
Employee only	\$105.96
Employee and Spouse/Domestic Partner	\$236.79
Employee and Child(ren)	\$186.45
Employee and Family	\$317.29

Core EPO Option

Coverage Tier	2014 Maximum Monthly Pilot Contribution*
Employee only	\$109.50
Employee and Spouse/Domestic Partner	\$244.76
Employee and Child(ren)	\$192.65
Employee and Family	\$327.92

*Assumes Pilot is non-smoker and is not covering spouse with alternate coverage available. Contributions increase \$48 per month for each employee or spouse using tobacco. An additional \$50 per month is charged to cover a spouse that has alternative coverage available through their own employer

Appendix C – 2013 Core Dental Rates

The required contribution for each month of coverage for 2013 shall be based upon the following chart:

Core Dental Option

Coverage Tier	2013 Monthly Pilot Contribution
Employee only	\$8.62
Employee and Spouse/Domestic Partner	\$17.24
Employee and Child(ren)	\$21.55
Employee and Family	\$30.17