

# 2020 PLAN RATES

## ACTIVE/COBRA PARTICIPANT AND EARLY RETIREE PLAN RATES AS OF JANUARY 1, 2020

### Medical/Dental/Vision

	Active Employee			COBRA Participant Rates		
	Monthly			Monthly		
	Individual	Employee plus one	Family	Individual	Employee plus one	Family
<b>Medical</b>						
<b>Advantage Blue (EPO)</b>	\$168.61	\$337.21	\$505.83	\$687.93	\$1,375.83	\$2,063.78
<b>Blue Care Elect Preferred (PPO)</b>	\$209.49	\$418.97	\$628.46	\$854.71	\$1,709.40	\$2,564.11
<b>Health Investment Plan</b>	\$104.70	\$209.40	\$314.10	\$427.17	\$854.35	\$1,281.53
<b>CIGNA International</b> (Expatriates only)	\$172.29	\$344.58	\$516.87	\$702.94	\$1,405.90	\$2,108.84
<b>Kaiser</b> (California only)	\$174.04	\$348.09	\$492.54	\$710.09	\$1,420.19	\$2,009.56
<b>Kaiser HSA</b> (California only)	\$133.20	\$266.39	\$376.94	\$543.44	\$1,086.87	\$1,537.93
<b>Dental</b>						
<b>Delta PPO Plus Premier</b>	\$12.45	\$25.02	\$43.70	\$50.81	\$102.09	\$178.31
<b>Vision</b>						
<b>Vision Service Plan (VSP)</b>	\$2.49	\$3.00	\$5.48	\$10.15	\$12.23	\$22.36

### Early Retiree

	Monthly		Monthly	
	You reached age 55 with 10 Years of Service on or before 12/31/04		1/1/2020 Early Retiree Medical Change Subsidy by Age + Yrs of Service	
	<b>Blended Rates</b>		<b>Unblended Rates</b>	
	Retiree	Retiree plus spouse	Retiree	Retiree plus spouse
<b>Medical</b>				
<b>Advantage Blue (EPO)</b>	\$674.44	\$1,348.88	\$1,348.88	\$2,697.76
<b>Blue Care Elect Preferred (PPO)</b>	\$837.95	\$1,675.90	\$1,675.90	\$3,351.80
<b>Health Investment Plan</b>	\$418.79	\$837.58	\$837.58	\$1,675.16
<b>Kaiser</b> (California only)	\$696.17	\$1,392.34	\$1,202.32	\$2,404.63
<b>Kaiser HSA</b> (California only)	\$532.78	\$1,065.56	\$1,005.48	\$2,010.96
<b>Dental</b>				
<b>Delta Preferred Option Plus</b>	\$49.81	\$99.62	\$49.81	\$99.62
<b>Vision</b>				
<b>Vision Service Plan (VSP)</b>	\$9.95	\$11.99	\$9.95	\$11.99

The percentage of the premium you pay is based on your age, plus years of service as of 12/31/04. The early retiree premium you pay will never be less than the blended premium rates.

Your age plus years of service as of 12/31/04	Percentage of premium you pay	Percentage of premium Teradyne pays
80 or more	60%	40%
75, but less than 80	70%	30%
70, but less than 75	80%	20%
65, but less than 70	90%	10%
less than 65	100%	0%