

Premiums

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Health, Dental, Vision Premiums

2015 Active Employee Monthly Premiums¹

Tobacco users will pay a \$40- or \$60-per-month surcharge *in addition* to health premiums

| | Savings | Standard | TRICARE Supp ² | Dental | Dental Plus ³ | Vision |
|-------------------|----------|----------|---------------------------|---------|--------------------------|---------|
| Employee | \$ 9.70 | \$ 97.68 | \$ 62.50 | \$ 0.00 | \$24.58 | \$ 7.00 |
| Employee/spouse | \$ 77.40 | \$253.36 | \$121.50 | \$ 7.64 | \$49.66 | \$14.00 |
| Employee/children | \$ 20.48 | \$143.86 | \$121.50 | \$13.72 | \$57.26 | \$14.98 |
| Full family | \$113.00 | \$306.56 | \$162.50 | \$21.34 | \$74.22 | \$21.98 |

¹ Rates for employees of local subdivisions may vary. To verify your rates, contact your benefits office.

² The tobacco-use surcharge does not apply to TRICARE Supplement subscribers.

³ If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You pay the combined premiums for the plans.

2015 Monthly Employer Contributions¹

| | Health | Dental | Life | LTD |
|-------------------|----------|----------|--------|--------|
| Employee | \$344.58 | \$ 11.72 | \$0.28 | \$3.22 |
| Employee/spouse | \$682.54 | \$ 11.72 | \$0.28 | \$3.22 |
| Employee/children | \$528.88 | \$ 11.72 | \$0.28 | \$3.22 |
| Full family | \$854.58 | \$ 11.72 | \$0.28 | \$3.22 |

¹ Rates for employers of local subdivisions may vary. To check these rates, contact your benefits office.

2015 Funded Retiree Monthly Premiums¹

Tobacco users will pay a \$40- or \$60-per-month surcharge *in addition* to health premiums

Retiree eligible for Medicare/spouse eligible for Medicare

| | Savings | Standard | Medicare Supp ² | TRICARE Supp ³ | Dental | Dental Plus ⁴ | Vision |
|------------------|---------|----------|----------------------------|---------------------------|---------|--------------------------|---------|
| Retiree | N/A | \$ 79.68 | \$ 97.68 | N/A | \$ 0.00 | \$24.58 | \$ 7.00 |
| Retiree/spouse | N/A | \$217.36 | \$253.36 | N/A | \$ 7.64 | \$49.66 | \$14.00 |
| Retiree/children | N/A | \$125.86 | \$143.86 | N/A | \$13.72 | \$57.26 | \$14.98 |
| Full family | N/A | \$270.56 | \$306.56 | N/A | \$21.34 | \$74.22 | \$21.98 |

Retiree eligible for Medicare/spouse not eligible for Medicare

| | Savings | Standard | Medicare Supp ² | TRICARE Supp ³ | Dental | Dental Plus ⁴ | Vision |
|----------------|---------|----------|----------------------------|---------------------------|---------|--------------------------|---------|
| Retiree/spouse | N/A | \$235.36 | \$253.36 | N/A | \$ 7.64 | \$49.66 | \$14.00 |
| Full family | N/A | \$281.54 | \$299.54 | N/A | \$21.34 | \$74.22 | \$21.98 |

Retiree not eligible for Medicare/spouse eligible for Medicare

| | Savings | Standard | Medicare Supp ² | TRICARE Supp ³ | Dental | Dental Plus ⁴ | Vision |
|----------------|----------|----------|----------------------------|---------------------------|---------|--------------------------|---------|
| Retiree/spouse | \$ 77.40 | \$235.36 | \$253.36 | N/A | \$ 7.64 | \$49.66 | \$14.00 |
| Full family | \$113.00 | \$281.54 | \$299.54 | N/A | \$21.34 | \$74.22 | \$21.98 |

Retiree not eligible for Medicare/spouse not eligible for Medicare

| | Savings | Standard | Medicare Supp ² | TRICARE Supp ³ | Dental | Dental Plus ⁴ | Vision |
|------------------|----------|----------|----------------------------|---------------------------|---------|--------------------------|---------|
| Retiree | \$ 9.70 | \$ 97.68 | N/A | \$ 62.50 | \$ 0.00 | \$24.58 | \$ 7.00 |
| Retiree/spouse | \$ 77.40 | \$253.36 | N/A | \$121.50 | \$ 7.64 | \$49.66 | \$14.00 |
| Retiree/children | \$ 20.48 | \$143.86 | N/A | \$121.50 | \$13.72 | \$57.26 | \$14.98 |
| Full family | \$113.00 | \$306.56 | N/A | \$162.50 | \$21.34 | \$74.22 | \$21.98 |

Retiree not eligible for Medicare/spouse not eligible for Medicare/one or more children eligible for Medicare

| | Savings | Standard | Medicare Supp ² | TRICARE Supp ³ | Dental | Dental Plus ⁴ | Vision |
|------------------|----------|----------|----------------------------|---------------------------|---------|--------------------------|---------|
| Retiree/children | \$ 20.48 | \$143.86 | \$161.86 | N/A | \$13.72 | \$57.26 | \$14.98 |
| Full family | \$113.00 | \$306.56 | \$324.56 | N/A | \$21.34 | \$74.22 | \$21.98 |

¹ Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

² If the Medicare Supplemental Plan is elected, claims for covered persons not eligible for Medicare will be based on the Standard Plan provisions.

³ The tobacco-use surcharge does not apply to TRICARE Supplement subscribers.

⁴ If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You pay the combined premiums for the plans.

Premiums

2015 Non-Funded Retiree Monthly Premiums¹

Tobacco users will pay a \$40- or \$60-per-month surcharge *in addition* to health premiums

Retiree eligible for Medicare/spouse eligible for Medicare

| | Savings | Standard | Medicare Supp ² | TRICARE Supp ³ | Dental | Dental Plus ⁴ | Vision |
|------------------|---------|------------|----------------------------|---------------------------|---------|--------------------------|---------|
| Retiree | N/A | \$ 424.26 | \$ 442.26 | N/A | \$11.72 | \$24.58 | \$ 7.00 |
| Retiree/spouse | N/A | \$ 899.90 | \$ 935.90 | N/A | \$19.36 | \$49.66 | \$14.00 |
| Retiree/children | N/A | \$ 654.74 | \$ 672.74 | N/A | \$25.44 | \$57.26 | \$14.98 |
| Full family | N/A | \$1,125.14 | \$1,161.14 | N/A | \$33.06 | \$74.22 | \$21.98 |

Retiree eligible for Medicare/spouse not eligible for Medicare

| | Savings | Standard | Medicare Supp ² | TRICARE Supp ³ | Dental | Dental Plus ⁴ | Vision |
|----------------|---------|------------|----------------------------|---------------------------|---------|--------------------------|---------|
| Retiree/spouse | N/A | \$ 917.90 | \$ 935.90 | N/A | \$19.36 | \$49.66 | \$14.00 |
| Full family | N/A | \$1,136.12 | \$1,154.12 | N/A | \$33.06 | \$74.22 | \$21.98 |

Retiree not eligible for Medicare/spouse eligible for Medicare

| | Savings | Standard | Medicare Supp ² | TRICARE Supp ³ | Dental | Dental Plus ⁴ | Vision |
|----------------|----------|------------|----------------------------|---------------------------|---------|--------------------------|---------|
| Retiree/spouse | \$759.94 | \$ 917.90 | \$ 935.90 | N/A | \$19.36 | \$49.66 | \$14.00 |
| Full family | \$967.58 | \$1,136.12 | \$1,154.12 | N/A | \$33.06 | \$74.22 | \$21.98 |

Retiree not eligible for Medicare/spouse not eligible for Medicare

| | Savings | Standard | Medicare Supp ² | TRICARE Supp ³ | Dental | Dental Plus ⁴ | Vision |
|------------------|----------|------------|----------------------------|---------------------------|---------|--------------------------|---------|
| Retiree | \$354.28 | \$ 442.26 | N/A | \$ 62.50 | \$11.72 | \$24.58 | \$ 7.00 |
| Retiree/spouse | \$759.94 | \$ 935.90 | N/A | \$121.50 | \$19.36 | \$49.66 | \$14.00 |
| Retiree/children | \$549.36 | \$ 672.74 | N/A | \$121.50 | \$25.44 | \$57.26 | \$14.98 |
| Full family | \$967.58 | \$1,161.14 | N/A | \$162.50 | \$33.06 | \$74.22 | \$21.98 |

Retiree not eligible for Medicare/spouse not eligible for Medicare/one or more children eligible for Medicare

| | Savings | Standard | Medicare Supp ² | TRICARE Supp ³ | Dental | Dental Plus ⁴ | Vision |
|------------------|----------|------------|----------------------------|---------------------------|---------|--------------------------|---------|
| Retiree/children | \$549.36 | \$ 672.74 | \$ 690.74 | N/A | \$25.44 | \$57.26 | \$14.98 |
| Full family | \$967.58 | \$1,161.14 | \$1,179.14 | N/A | \$33.06 | \$74.22 | \$21.98 |

¹ Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

² If the Medicare Supplemental Plan is elected, claims for covered persons not eligible for Medicare will be based on the Standard Plan provisions.

³ The tobacco-use surcharge does not apply to TRICARE Supplement subscribers.

⁴ If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You pay the combined premiums for the plans.

2015 Non-Funded Survivor Monthly Premiums¹

Tobacco users will pay a \$40- or \$60-per-month surcharge *in addition* to health premiums

Spouse eligible for Medicare/children eligible for Medicare

| | Savings | Standard | Medicare Supp ² | TRICARE Supp ⁴ | Dental | Dental Plus ⁵ | Vision |
|-----------------|---------|----------|----------------------------|---------------------------|---------|--------------------------|---------|
| Spouse | N/A | \$424.26 | \$ 442.26 | N/A | \$11.72 | \$24.58 | \$ 7.00 |
| Spouse/children | N/A | \$654.74 | \$ 690.74 | N/A | \$25.44 | \$57.26 | \$14.98 |
| Children only | N/A | \$230.48 | \$248.48 ³ | N/A | \$13.72 | \$32.68 | \$ 7.98 |

Spouse eligible for Medicare/children not eligible for Medicare

| | Savings | Standard | Medicare Supp ² | TRICARE Supp ⁴ | Dental | Dental Plus ⁵ | Vision |
|-----------------|----------|----------|----------------------------|---------------------------|---------|--------------------------|---------|
| Spouse | N/A | \$424.26 | \$442.26 | N/A | \$11.72 | \$24.58 | \$ 7.00 |
| Spouse/children | N/A | \$654.74 | \$672.74 | N/A | \$25.44 | \$57.26 | \$14.98 |
| Children only | \$195.08 | \$230.48 | N/A | N/A | \$13.72 | \$32.68 | \$ 7.98 |

Spouse not eligible for Medicare/children eligible for Medicare

| | Savings | Standard | Medicare Supp ² | TRICARE Supp ⁴ | Dental | Dental Plus ⁵ | Vision |
|-----------------|----------|----------|----------------------------|---------------------------|---------|--------------------------|---------|
| Spouse | \$354.28 | \$442.26 | N/A | N/A | \$11.72 | \$24.58 | \$ 7.00 |
| Spouse/children | \$549.36 | \$672.74 | \$690.74 ³ | N/A | \$25.44 | \$57.26 | \$14.98 |
| Children only | N/A | \$230.48 | \$248.48 ³ | N/A | \$13.72 | \$32.68 | \$ 7.98 |

Spouse not eligible for Medicare/children not eligible for Medicare

| | Savings | Standard | Medicare Supp ² | TRICARE Supp ⁴ | Dental | Dental Plus ⁵ | Vision |
|-----------------|----------|----------|----------------------------|---------------------------|---------|--------------------------|---------|
| Spouse | \$354.28 | \$442.26 | N/A | \$ 62.50 | \$11.72 | \$24.58 | \$ 7.00 |
| Spouse/children | \$549.36 | \$672.74 | N/A | \$121.50 | \$25.44 | \$57.26 | \$14.98 |
| Children only | \$195.08 | \$230.48 | N/A | \$ 61.00 | \$13.72 | \$32.68 | \$ 7.98 |

¹ Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

² If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

³ This premium applies only if one or more children are eligible for Medicare.

⁴ The tobacco-use surcharge does not apply to TRICARE Supplement subscribers.

⁵ If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You pay the combined premiums for the plans.

2015 COBRA Monthly Premiums¹

Tobacco users will pay a \$40- or \$60-per-month surcharge *in addition* to health premiums

18 and 36 months

| | Savings | Standard | Medicare Supp ² | Dental | Dental Plus ¹ | Vision |
|---------------------|----------|------------|----------------------------|---------|--------------------------|---------|
| Subscriber | \$361.38 | \$ 451.12 | \$ 451.12 | \$11.95 | \$25.08 | \$ 7.14 |
| Subscriber/spouse | \$775.14 | \$ 954.62 | \$ 954.62 | \$19.75 | \$50.66 | \$14.28 |
| Subscriber/children | \$560.36 | \$ 686.20 | \$ 686.20 | \$25.95 | \$58.42 | \$15.28 |
| Full family | \$986.94 | \$1,184.36 | \$1,184.36 | \$33.72 | \$75.70 | \$22.42 |
| Children only | \$198.98 | \$ 235.08 | \$ 235.08 | \$14.00 | \$33.34 | \$ 8.14 |

29 Months (These rates go into effect in the 19th month of coverage for 29-month COBRA subscribers)

| | Savings | Standard | Medicare Supp ² | Dental | Dental Plus ¹ | Vision |
|---------------------|------------|------------|----------------------------|---------|--------------------------|---------|
| Subscriber | \$ 531.42 | \$ 663.40 | \$ 663.40 | \$11.95 | \$25.08 | \$ 7.14 |
| Subscriber/spouse | \$1,139.92 | \$1,403.86 | \$1,403.86 | \$19.75 | \$50.66 | \$14.28 |
| Subscriber/children | \$ 824.04 | \$1,009.12 | \$1,009.12 | \$25.95 | \$58.42 | \$15.28 |
| Full family | \$1,451.38 | \$1,741.72 | \$1,741.72 | \$33.72 | \$75.70 | \$22.42 |
| Children only | \$ 292.62 | \$ 345.72 | \$ 345.72 | \$14.00 | \$33.34 | \$ 8.14 |

¹ If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You pay the combined premiums for the plans.

² If the Medicare Supplemental Plan is elected, claims for covered persons not eligible for Medicare will be based on the Standard Plan provisions.

Premiums

2015 Permanent, Part-Time Teachers Monthly Premiums

Tobacco users will pay a \$40- or \$60-per-month surcharge *in addition* to health premiums

Category I. 15-19 Hours

| | Savings | Standard | TRICARE Supp ² | Dental | Dental Plus ¹ | Vision |
|-------------------|----------|----------|---------------------------|---------|--------------------------|---------|
| Employee only | \$181.98 | \$269.96 | \$ 62.50 | \$ 5.86 | \$24.58 | \$ 7.00 |
| Employee/spouse | \$418.66 | \$594.62 | \$121.50 | \$13.50 | \$49.66 | \$14.00 |
| Employee/children | \$284.92 | \$408.30 | \$121.50 | \$19.58 | \$57.26 | \$14.98 |
| Full family | \$540.28 | \$733.84 | \$162.50 | \$27.20 | \$74.22 | \$21.98 |

Category II. 20-24 Hours

| | Savings | Standard | TRICARE Supp ² | Dental | Dental Plus ¹ | Vision |
|-------------------|----------|----------|---------------------------|----------|--------------------------|---------|
| Employee only | \$123.40 | \$211.38 | \$ 62.50 | \$ 3.86 | \$24.58 | \$ 7.00 |
| Employee/spouse | \$302.64 | \$478.60 | \$121.50 | \$ 11.50 | \$49.66 | \$14.00 |
| Employee/children | \$195.00 | \$318.38 | \$121.50 | \$17.58 | \$57.26 | \$14.98 |
| Full family | \$395.00 | \$588.56 | \$162.50 | \$25.20 | \$74.22 | \$21.98 |

Category III. 25-29 Hours

| | Savings | Standard | TRICARE Supp ² | Dental | Dental Plus ¹ | Vision |
|-------------------|----------|----------|---------------------------|---------|--------------------------|---------|
| Employee only | \$ 68.28 | \$155.26 | \$ 62.50 | \$ 2.00 | \$24.58 | \$ 7.00 |
| Employee/spouse | \$193.42 | \$369.38 | \$121.50 | \$ 9.64 | \$49.66 | \$14.00 |
| Employee/children | \$110.38 | \$233.76 | \$121.50 | \$15.72 | \$57.26 | \$14.98 |
| Full family | \$258.28 | \$451.84 | \$162.50 | \$23.34 | \$74.22 | \$21.98 |

¹If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You will pay the combined premiums for the plans.

²The tobacco-use surcharge does not apply to TRICARE Supplement subscribers.

2015 Monthly Employer Contributions¹

| | Category I. 15-19 Hours | | Category II. 20-24 Hours | | Category III. 25-29 Hours | |
|-------------------|-------------------------|--------|--------------------------|--------|---------------------------|--------|
| | Health | Dental | Health | Dental | Health | Dental |
| Employee only | \$172.30 | \$5.86 | \$230.88 | \$7.86 | \$286.00 | \$9.72 |
| Employee/spouse | \$341.28 | \$5.86 | \$457.30 | \$7.86 | \$566.52 | \$9.72 |
| Employee/children | \$264.44 | \$5.86 | \$354.36 | \$7.86 | \$438.98 | \$9.72 |
| Full family | \$427.30 | \$5.86 | \$572.58 | \$7.86 | \$709.30 | \$9.72 |

¹Rates for employers of local subdivisions may vary. To check these rates, contact your benefits office.

Optional Life, Dependent Life– Spouse Monthly Premiums

Optional Life premiums are determined by your age on the preceding December 31 and the amount of insurance you select. Premiums for Dependent Life-Spouse coverage are the same as the Optional Life premiums, which are based on the **employee's** age. Premiums are the same for retirees, regardless of age or effective date.

Monthly Premiums for Subscribers through Age 69*

| Coverage | Subscriber's Age** | | | | | | | |
|-----------|--------------------|---------|---------|---------|---------|----------|----------|----------|
| | <35 | 35 - 39 | 40 - 44 | 45 - 49 | 50 - 54 | 55 - 59 | 60 - 64 | 65 - 69 |
| \$ 10,000 | \$ 0.52 | \$ 0.68 | \$ 0.76 | \$ 1.08 | \$ 1.70 | \$ 2.96 | \$ 5.48 | \$ 11.60 |
| \$ 20,000 | \$ 1.04 | \$ 1.36 | \$ 1.52 | \$ 2.16 | \$ 3.40 | \$ 5.92 | \$ 10.96 | \$ 23.20 |
| \$ 30,000 | \$ 1.56 | \$ 2.04 | \$ 2.28 | \$ 3.24 | \$ 5.10 | \$ 8.88 | \$ 16.44 | \$ 34.80 |
| \$ 40,000 | \$ 2.08 | \$ 2.72 | \$ 3.04 | \$ 4.32 | \$ 6.80 | \$ 11.84 | \$ 21.92 | \$ 46.40 |
| \$ 50,000 | \$ 2.60 | \$ 3.40 | \$ 3.80 | \$ 5.40 | \$ 8.50 | \$ 14.80 | \$ 27.40 | \$ 58.00 |
| \$ 60,000 | \$ 3.12 | \$ 4.08 | \$ 4.56 | \$ 6.48 | \$10.20 | \$ 17.76 | \$ 32.88 | \$ 69.60 |
| \$ 70,000 | \$ 3.64 | \$ 4.76 | \$ 5.32 | \$ 7.56 | \$11.90 | \$ 20.72 | \$ 38.36 | \$ 81.20 |
| \$ 80,000 | \$ 4.16 | \$ 5.44 | \$ 6.08 | \$ 8.64 | \$13.60 | \$ 23.68 | \$ 43.84 | \$ 92.80 |
| \$ 90,000 | \$ 4.68 | \$ 6.12 | \$ 6.84 | \$ 9.72 | \$15.30 | \$ 26.64 | \$ 49.32 | \$104.40 |
| \$100,000 | \$ 5.20 | \$ 6.80 | \$ 7.60 | \$10.80 | \$17.00 | \$ 29.60 | \$ 54.80 | \$116.00 |
| \$110,000 | \$ 5.72 | \$ 7.48 | \$ 8.36 | \$11.88 | \$18.70 | \$ 32.56 | \$ 60.28 | \$127.60 |
| \$120,000 | \$ 6.24 | \$ 8.16 | \$ 9.12 | \$12.96 | \$20.40 | \$ 35.52 | \$ 65.76 | \$139.20 |
| \$130,000 | \$ 6.76 | \$ 8.84 | \$ 9.88 | \$14.04 | \$22.10 | \$ 38.48 | \$ 71.24 | \$150.80 |
| \$140,000 | \$ 7.28 | \$ 9.52 | \$10.64 | \$15.12 | \$23.80 | \$ 41.44 | \$ 76.72 | \$162.40 |
| \$150,000 | \$ 7.80 | \$10.20 | \$11.40 | \$16.20 | \$25.50 | \$ 44.40 | \$ 82.20 | \$174.00 |
| \$160,000 | \$ 8.32 | \$10.88 | \$12.16 | \$17.28 | \$27.20 | \$ 47.36 | \$ 87.68 | \$185.60 |
| \$170,000 | \$ 8.84 | \$11.56 | \$12.92 | \$18.36 | \$28.90 | \$ 50.32 | \$ 93.16 | \$197.20 |
| \$180,000 | \$ 9.36 | \$12.24 | \$13.68 | \$19.44 | \$30.60 | \$ 53.28 | \$ 98.64 | \$208.80 |
| \$190,000 | \$ 9.88 | \$12.92 | \$14.44 | \$20.52 | \$32.30 | \$ 56.24 | \$104.12 | \$220.40 |
| \$200,000 | \$10.40 | \$13.60 | \$15.20 | \$21.60 | \$34.00 | \$ 59.20 | \$109.60 | \$232.00 |
| \$210,000 | \$10.92 | \$14.28 | \$15.96 | \$22.68 | \$35.70 | \$ 62.16 | \$115.08 | \$243.60 |
| \$220,000 | \$11.44 | \$14.96 | \$16.72 | \$23.76 | \$37.40 | \$ 65.12 | \$120.56 | \$255.20 |
| \$230,000 | \$11.96 | \$15.64 | \$17.48 | \$24.84 | \$39.10 | \$ 68.08 | \$126.04 | \$266.80 |
| \$240,000 | \$12.48 | \$16.32 | \$18.24 | \$25.92 | \$40.80 | \$ 71.04 | \$131.52 | \$278.40 |
| \$250,000 | \$13.00 | \$17.00 | \$19.00 | \$27.00 | \$42.50 | \$ 74.00 | \$137.00 | \$290.00 |
| \$260,000 | \$13.52 | \$17.68 | \$19.76 | \$28.08 | \$44.20 | \$ 76.96 | \$142.48 | \$301.60 |
| \$270,000 | \$14.04 | \$18.36 | \$20.52 | \$29.16 | \$45.90 | \$ 79.92 | \$147.96 | \$313.20 |
| \$280,000 | \$14.56 | \$19.04 | \$21.28 | \$30.24 | \$47.60 | \$ 82.88 | \$153.44 | \$324.80 |
| \$290,000 | \$15.08 | \$19.72 | \$22.04 | \$31.32 | \$49.30 | \$ 85.84 | \$158.92 | \$336.40 |
| \$300,000 | \$15.60 | \$20.40 | \$22.80 | \$32.40 | \$51.00 | \$ 88.80 | \$164.40 | \$348.00 |
| \$310,000 | \$16.12 | \$21.08 | \$23.56 | \$33.48 | \$52.70 | \$ 91.76 | \$169.88 | \$359.60 |
| \$320,000 | \$16.64 | \$21.76 | \$24.32 | \$34.56 | \$54.40 | \$ 94.72 | \$175.36 | \$371.20 |
| \$330,000 | \$17.16 | \$22.44 | \$25.08 | \$35.64 | \$56.10 | \$ 97.68 | \$180.84 | \$382.80 |
| \$340,000 | \$17.68 | \$23.12 | \$25.84 | \$36.72 | \$57.80 | \$100.64 | \$186.32 | \$394.40 |
| \$350,000 | \$18.20 | \$23.80 | \$26.60 | \$37.80 | \$59.50 | \$103.60 | \$191.80 | \$406.00 |
| \$360,000 | \$18.72 | \$24.48 | \$27.36 | \$38.88 | \$61.20 | \$106.56 | \$197.28 | \$417.60 |
| \$370,000 | \$19.24 | \$25.16 | \$28.12 | \$39.96 | \$62.90 | \$109.52 | \$202.76 | \$429.20 |
| \$380,000 | \$19.76 | \$25.84 | \$28.88 | \$41.04 | \$64.60 | \$112.48 | \$208.24 | \$440.80 |
| \$390,000 | \$20.28 | \$26.52 | \$29.64 | \$42.12 | \$66.30 | \$115.44 | \$213.72 | \$452.40 |

Premiums

*Premium includes Accidental Death and Dismemberment coverage **only** for active employees and covered spouses of active employees.

**Premiums for the spouse's coverage will be based on the active employee's age. Spouse's coverage cannot exceed 50 percent of the active employee's Optional Life coverage or \$100,000, whichever is less.

| Subscriber's Age** | | | | | | | | |
|--------------------|---------|---------|---------|---------|---------|----------|----------|----------|
| | <35 | 35 - 39 | 40 - 44 | 45 - 49 | 50 - 54 | 55 - 59 | 60 - 64 | 65 - 69 |
| Coverage | | | | | | | | |
| \$400,000 | \$20.80 | \$27.20 | \$30.40 | \$43.20 | \$68.00 | \$118.40 | \$219.20 | \$464.00 |
| \$410,000 | \$21.32 | \$27.88 | \$31.16 | \$44.28 | \$69.70 | \$121.36 | \$224.68 | \$475.60 |
| \$420,000 | \$21.84 | \$28.56 | \$31.92 | \$45.36 | \$71.40 | \$124.32 | \$230.16 | \$487.20 |
| \$430,000 | \$22.36 | \$29.24 | \$32.68 | \$46.44 | \$73.10 | \$127.28 | \$235.64 | \$498.80 |
| \$440,000 | \$22.88 | \$29.92 | \$33.44 | \$47.52 | \$74.80 | \$130.24 | \$241.12 | \$510.40 |
| \$450,000 | \$23.40 | \$30.60 | \$34.20 | \$48.60 | \$76.50 | \$133.20 | \$246.60 | \$522.00 |
| \$460,000 | \$23.92 | \$31.28 | \$34.96 | \$49.68 | \$78.20 | \$136.16 | \$252.08 | \$533.60 |
| \$470,000 | \$24.44 | \$31.96 | \$35.72 | \$50.76 | \$79.90 | \$139.12 | \$257.56 | \$545.20 |
| \$480,000 | \$24.96 | \$32.64 | \$36.48 | \$51.84 | \$81.60 | \$142.08 | \$263.04 | \$556.80 |
| \$490,000 | \$25.48 | \$33.32 | \$37.24 | \$52.92 | \$83.30 | \$145.04 | \$268.52 | \$568.40 |
| \$500,000 | \$26.00 | \$34.00 | \$38.00 | \$54.00 | \$85.00 | \$148.00 | \$274.00 | \$580.00 |

*Premium includes Accidental Death and Dismemberment coverage **only** for active employees and covered spouses of active employees.

**Premiums for the spouse's coverage will be based on the active employee's age. Spouse's coverage cannot exceed 50 percent of the active employee's Optional Life coverage or \$100,000, whichever is less.

Monthly Premiums for Subscribers Age 70 and Older*

(Retiree coverage ends at age 75)

| Coverage | Coverage 65% | Ages 70 - 74 | Coverage 42% | Ages 75 - 79 | Coverage 31.7% | Ages 80+ |
|-----------|--------------|--------------|--------------|--------------|----------------|----------|
| \$ 10,000 | \$ 6,500 | \$ 13.02 | \$ 4,200 | \$ 13.68 | \$ 3,170 | \$ 17.26 |
| \$ 20,000 | \$ 13,000 | \$ 26.04 | \$ 8,400 | \$ 27.36 | \$ 6,340 | \$ 34.50 |
| \$ 30,000 | \$ 19,500 | \$ 39.04 | \$ 12,600 | \$ 41.04 | \$ 9,510 | \$ 51.76 |
| \$ 40,000 | \$ 26,000 | \$ 52.06 | \$ 16,800 | \$ 54.70 | \$ 12,680 | \$ 69.00 |
| \$ 50,000 | \$ 32,500 | \$ 65.08 | \$ 21,000 | \$ 68.38 | \$ 15,850 | \$ 86.26 |
| \$ 60,000 | \$ 39,000 | \$ 78.08 | \$ 25,200 | \$ 82.06 | \$ 19,020 | \$103.52 |
| \$ 70,000 | \$ 45,500 | \$ 91.10 | \$ 29,400 | \$ 95.74 | \$ 22,190 | \$120.76 |
| \$ 80,000 | \$ 52,000 | \$104.10 | \$ 33,600 | \$109.40 | \$ 25,360 | \$138.02 |
| \$ 90,000 | \$ 58,500 | \$117.12 | \$ 37,800 | \$123.08 | \$ 28,530 | \$155.26 |
| \$100,000 | \$ 65,000 | \$130.14 | \$ 42,000 | \$136.76 | \$ 31,700 | \$172.52 |
| \$110,000 | \$ 71,500 | \$143.14 | \$ 46,200 | \$150.44 | \$ 34,870 | \$189.76 |
| \$120,000 | \$ 78,000 | \$156.16 | \$ 50,400 | \$164.10 | \$ 38,040 | \$207.02 |
| \$130,000 | \$ 84,500 | \$169.18 | \$ 54,600 | \$177.78 | \$ 41,210 | \$224.26 |
| \$140,000 | \$ 91,000 | \$182.18 | \$ 58,800 | \$191.46 | \$ 44,380 | \$241.52 |
| \$150,000 | \$ 97,500 | \$195.20 | \$ 63,000 | \$205.14 | \$ 47,550 | \$258.78 |
| \$160,000 | \$104,000 | \$208.22 | \$ 67,200 | \$218.80 | \$ 50,720 | \$276.02 |
| \$170,000 | \$110,500 | \$221.22 | \$ 71,400 | \$232.48 | \$ 53,890 | \$293.28 |
| \$180,000 | \$117,000 | \$234.24 | \$ 75,600 | \$246.16 | \$ 57,060 | \$310.52 |
| \$190,000 | \$123,500 | \$247.26 | \$ 79,800 | \$259.84 | \$ 60,230 | \$327.78 |
| \$200,000 | \$130,000 | \$260.26 | \$ 84,000 | \$273.50 | \$ 63,400 | \$345.02 |
| \$210,000 | \$136,500 | \$273.28 | \$ 88,200 | \$287.18 | \$ 66,570 | \$362.28 |
| \$220,000 | \$143,000 | \$286.30 | \$ 92,400 | \$300.86 | \$ 69,740 | \$379.54 |
| \$230,000 | \$149,500 | \$299.30 | \$ 96,600 | \$314.54 | \$ 72,910 | \$396.78 |
| \$240,000 | \$156,000 | \$312.32 | \$100,800 | \$328.20 | \$ 76,080 | \$414.04 |
| \$250,000 | \$162,500 | \$325.34 | \$105,000 | \$341.88 | \$ 79,250 | \$431.28 |
| \$260,000 | \$169,000 | \$338.34 | \$109,200 | \$355.56 | \$ 82,420 | \$448.54 |
| \$270,000 | \$175,500 | \$351.36 | \$113,400 | \$369.24 | \$ 85,590 | \$465.78 |
| \$280,000 | \$182,000 | \$364.36 | \$117,600 | \$382.92 | \$ 88,760 | \$483.04 |
| \$290,000 | \$188,500 | \$377.38 | \$121,800 | \$396.58 | \$ 91,930 | \$500.28 |
| \$300,000 | \$195,000 | \$390.40 | \$126,000 | \$410.26 | \$ 95,100 | \$517.54 |
| \$310,000 | \$201,500 | \$403.40 | \$130,200 | \$423.94 | \$ 98,270 | \$534.80 |
| \$320,000 | \$208,000 | \$416.42 | \$134,400 | \$437.62 | \$101,440 | \$552.04 |
| \$330,000 | \$214,500 | \$429.44 | \$138,600 | \$451.28 | \$104,610 | \$569.30 |
| \$340,000 | \$221,000 | \$442.44 | \$142,800 | \$464.96 | \$107,780 | \$586.54 |

Premiums

| Coverage | Coverage 65% | Ages 70 - 74 | Coverage 42% | Ages 75 - 79 | Coverage 31.7% | Ages 80+ |
|-----------|-----------------|--------------|-----------------|--------------|-------------------|----------|
| \$350,000 | \$227,500 | \$455.46 | \$147,000 | \$478.64 | \$110,950 | \$603.80 |
| \$360,000 | \$234,000 | \$468.48 | \$151,200 | \$492.32 | \$114,120 | \$621.04 |
| \$370,000 | \$240,500 | \$481.48 | \$155,400 | \$505.98 | \$117,290 | \$638.30 |
| \$380,000 | \$247,000 | \$494.50 | \$159,600 | \$519.66 | \$120,460 | \$655.54 |
| \$390,000 | \$253,500 | \$507.52 | \$163,800 | \$533.34 | \$123,630 | \$672.80 |
| \$400,000 | \$260,000 | \$520.52 | \$168,000 | \$547.02 | \$126,800 | \$690.06 |
| \$410,000 | \$266,500 | \$533.54 | \$172,200 | \$560.68 | \$129,970 | \$707.30 |
| \$420,000 | \$273,000 | \$546.56 | \$176,400 | \$574.36 | \$133,140 | \$724.56 |
| \$430,000 | \$279,500 | \$559.56 | \$180,600 | \$588.04 | \$136,310 | \$741.80 |
| \$440,000 | \$286,000 | \$572.58 | \$184,800 | \$601.72 | \$139,480 | \$759.06 |
| \$450,000 | \$292,500 | \$585.60 | \$189,000 | \$615.38 | \$142,650 | \$776.30 |
| \$460,000 | \$299,000 | \$598.60 | \$193,200 | \$629.06 | \$145,820 | \$793.56 |
| \$470,000 | \$305,500 | \$611.62 | \$197,400 | \$642.74 | \$148,990 | \$810.80 |
| \$480,000 | \$312,000 | \$624.62 | \$201,600 | \$656.42 | \$152,160 | \$828.06 |
| \$490,000 | \$318,500 | \$637.64 | \$205,800 | \$670.08 | \$155,330 | \$845.32 |
| \$500,000 | \$325,000 | \$650.66 | \$210,000 | \$683.76 | \$158,500 | \$862.56 |

*Premium includes Accidental Death and Dismemberment coverage only for active employees and covered spouses of active employees.

Please note: For subscribers who retired on or after Jan. 1, 1994, up to Dec. 31, 1998, coverage terminates at age 70, with an option to convert the coverage at that time.

Dependent Life – Child Monthly Premium

The monthly premium for Dependent Life-Child coverage is \$1.10, regardless of the number of children covered.

Premiums