

Premiums

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Premiums

2014 Active Employee and Funded Retiree Health, Dental, Dental Plus and Vision Premiums

2014 Active Employee Monthly Premiums¹						Tobacco users will pay a \$40- or \$60-per-month surcharge in addition to health premiums	
	Savings	Standard	BlueChoice HealthPlan ²	TRICARE Supplement ³	Dental	Dental Plus ⁴	State Vision Plan
Employee	\$ 9.70	\$ 97.68	\$ 345.42	\$ 62.50	\$ 0.00	\$24.58	\$ 7.94
Employee/spouse	\$ 77.40	\$253.36	\$ 921.84	\$121.50	\$ 7.64	\$49.66	\$15.88
Employee/children	\$ 20.48	\$143.86	\$ 602.20	\$121.50	\$13.72	\$57.26	\$16.86
Full family	\$113.00	\$306.56	\$1,290.60	\$162.50	\$21.34	\$74.22	\$24.82

¹ Rates for employees of local subdivisions may vary. To verify your rates, contact your benefits office.
² Premiums for BlueChoice HealthPlan HMO were not finalized at the time of publication of this newsletter.
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.

2014 Monthly Employer Contributions¹				
	Health	Dental	Life	LTD
Employee	\$331.64	\$ 11.72	\$0.34	\$3.22
Employee/spouse	\$656.92	\$ 11.72	\$0.34	\$3.22
Employee/children	\$509.02	\$ 11.72	\$0.34	\$3.22
Full family	\$822.50	\$ 11.72	\$0.34	\$3.22

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

2014 Regular Retiree (State-funded Benefits) 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 Supplemental ²	BlueChoice HealthPlan	TRICARE Supplement ³	Dental	Dental Plus ⁴	State Vision Plan
Retiree	N/A	\$ 79.68	\$ 97.68	N/A	N/A	\$ 0.00	\$24.58	\$ 7.94
Retiree/spouse	N/A	\$217.36	\$253.36	N/A	N/A	\$ 7.64	\$49.66	\$15.88
Retiree/children	N/A	\$125.86	\$143.86	N/A	N/A	\$13.72	\$57.26	\$16.86
Full family	N/A	\$270.56	\$306.56	N/A	N/A	\$21.34	\$74.22	\$24.82
(Retiree eligible for Medicare/spouse not eligible for Medicare)								
	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	TRICARE Supplement ³	Dental	Dental Plus ⁴	State Vision Plan
Retiree/spouse	N/A	\$235.36	\$253.36	N/A	N/A	\$ 7.64	\$49.66	\$15.88
Full family	N/A	\$281.54	\$299.54	N/A	N/A	\$21.34	\$74.22	\$24.82
(Retiree not eligible for Medicare/spouse eligible for Medicare)								
	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	TRICARE Supplement ³	Dental	Dental Plus ⁴	State Vision Plan
Retiree/spouse	\$ 77.40	\$235.36	\$253.36	N/A	N/A	\$ 7.64	\$49.66	\$15.88
Full family	\$113.00	\$281.54	\$299.54	N/A	N/A	\$21.34	\$74.22	\$24.82
(Retiree not eligible for Medicare/spouse not eligible for Medicare)								
	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	TRICARE Supplement ³	Dental	Dental Plus ⁴	State Vision Plan
Retiree	\$ 9.70	\$ 97.68	N/A	\$ 345.42	\$ 62.50	\$ 0.00	\$24.58	\$ 7.94
Retiree/spouse	\$ 77.40	\$253.36	N/A	\$ 921.84	\$121.50	\$ 7.64	\$49.66	\$15.88
Retiree/children	\$ 20.48	\$143.86	N/A	\$ 602.20	\$121.50	\$13.72	\$57.26	\$16.86
Full family	\$113.00	\$306.56	N/A	\$1,290.60	\$162.50	\$21.34	\$74.22	\$24.82
(Retiree not eligible for Medicare/spouse not eligible for Medicare/one or more children eligible for Medicare)								
	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	TRICARE Supplement ³	Dental	Dental Plus ⁴	State Vision Plan
Retiree/children	\$ 20.48	\$143.86	\$161.86	N/A	N/A	\$13.72	\$57.26	\$16.86
Full family	\$113.00	\$306.56	\$324.56	N/A	N/A	\$21.34	\$74.22	\$24.82

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

2014 Non-funded Retiree and COBRA Health, Dental, Dental Plus and Vision Premiums

2014 Retiree Full Cost (Non-funded) 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 Supplemental²	BlueChoice HealthPlan	TRICARE Supplement³	Dental	Dental Plus⁴	State Vision Plan
Retiree	N/A	\$ 411.32	\$ 429.32	N/A	N/A	\$11.72	\$24.58	\$ 7.94
Retiree/spouse	N/A	\$ 874.28	\$ 910.28	N/A	N/A	\$19.36	\$49.66	\$15.88
Retiree/children	N/A	\$ 634.88	\$ 652.88	N/A	N/A	\$25.44	\$57.26	\$16.86
Full family	N/A	\$1,093.06	\$1,129.06	N/A	N/A	\$33.06	\$74.22	\$24.82
(Retiree eligible for Medicare/spouse not eligible for Medicare)								
	Savings	Standard	Medicare Supplemental²	BlueChoice HealthPlan	TRICARE Supplement³	Dental	Dental Plus⁴	State Vision Plan
Retiree/spouse	N/A	\$ 892.28	\$ 910.28	N/A	N/A	\$19.36	\$49.66	\$15.88
Full family	N/A	\$1,104.04	\$1,122.04	N/A	N/A	\$33.06	\$74.22	\$24.82
(Retiree not eligible for Medicare/spouse eligible for Medicare)								
	Savings	Standard	Medicare Supplemental²	BlueChoice HealthPlan	TRICARE Supplement³	Dental	Dental Plus⁴	State Vision Plan
Retiree/spouse	\$734.32	\$ 892.28	\$ 910.28	N/A	N/A	\$19.36	\$49.66	\$15.88
Full family	\$935.50	\$1,104.04	\$1,122.04	N/A	N/A	\$33.06	\$74.22	\$24.82
(Retiree not eligible for Medicare/spouse not eligible for Medicare)								
	Savings	Standard	Medicare Supplemental²	BlueChoice HealthPlan	TRICARE Supplement³	Dental	Dental Plus⁴	State Vision Plan
Retiree	\$341.34	\$ 429.32	N/A	\$ 677.06	\$ 62.50	\$11.72	\$24.58	\$ 7.94
Retiree/spouse	\$734.32	\$ 910.28	N/A	\$1,578.76	\$121.50	\$19.36	\$49.66	\$15.88
Retiree/children	\$529.50	\$ 652.88	N/A	\$1,111.22	\$121.50	\$25.44	\$57.26	\$16.86
Full family	\$935.50	\$1,129.06	N/A	\$2,113.10	\$162.50	\$33.06	\$74.22	\$24.82
(Retiree not eligible for Medicare/spouse not eligible for Medicare/one or more children eligible for Medicare)								
	Savings	Standard	Medicare Supplemental²	BlueChoice HealthPlan	TRICARE Supplement³	Dental	Dental Plus⁴	State Vision Plan
Retiree/children	\$529.50	\$ 652.88	\$ 670.88	N/A	N/A	\$25.44	\$57.26	\$16.86
Full family	\$935.50	\$1,129.06	\$1,147.06	N/A	N/A	\$33.06	\$74.22	\$24.82

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

2014 COBRA Monthly Premiums								Tobacco users will pay a \$40- or \$60-per-month surcharge in addition to health premiums
18 and 36 months								
	Savings	Standard	Medicare Supplemental²	BlueChoice HealthPlan	Dental	Dental Plus¹	State Vision Plan	
Subscriber	\$348.18	\$ 437.92	\$ 437.92	\$ 690.60	\$11.95	\$25.08	\$ 8.10	
Subscriber/spouse	\$749.02	\$ 928.50	\$ 928.50	\$1,610.34	\$19.75	\$50.66	\$16.20	
Subscriber/children	\$540.10	\$ 665.94	\$ 665.94	\$1,133.44	\$25.95	\$58.42	\$17.20	
Full family	\$954.22	\$1,151.64	\$1,151.64	\$2,155.36	\$33.72	\$75.70	\$25.32	
Children only	\$191.92	\$ 228.02	\$ 228.02	\$ 442.84	\$14.00	\$33.34	\$ 9.10	
29 Months (These rates go into effect in the 19th month of coverage for 29-month COBRA subscribers)								
	Savings	Standard	Medicare Supplemental²	BlueChoice HealthPlan	Dental	Dental Plus¹	State Vision Plan	
Subscriber	\$ 512.02	\$ 643.98	\$ 643.98	\$1,015.60	\$11.95	\$25.08	\$ 8.10	
Subscriber/spouse	\$1,101.48	\$1,365.42	\$1,365.42	\$2,368.14	\$19.75	\$50.66	\$16.20	
Subscriber/children	\$ 794.26	\$ 979.32	\$ 979.32	\$1,666.84	\$25.95	\$58.42	\$17.20	
Full family	\$1,403.26	\$1,693.60	\$1,693.60	\$3,169.66	\$33.72	\$75.70	\$25.32	
Children only	\$ 282.24	\$ 335.34	\$ 335.34	\$ 651.24	\$14.00	\$33.34	\$ 9.10	

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.

2014 Survivor

Health, Dental, Dental Plus and Vision Premiums

2014 Survivor Full Cost (Non-funded) Monthly Premiums ¹							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 Supplemental ²	BlueChoice HealthPlan	TRICARE Supplement ⁴	Dental	Dental Plus ⁵	State Vision Plan
Spouse	N/A	\$411.32	\$ 429.32	N/A	N/A	\$11.72	\$24.58	\$ 7.94
Spouse/children	N/A	\$634.88	\$ 670.88	N/A	N/A	\$25.44	\$57.26	\$16.86
Children only	N/A	\$223.56	\$241.56 ³	N/A	N/A	\$13.72	\$32.68	\$ 8.92
(Spouse eligible for Medicare/children not eligible for Medicare)								
	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	TRICARE Supplement ⁴	Dental	Dental Plus ⁵	State Vision Plan
Spouse	N/A	\$411.32	\$429.32	N/A	N/A	\$11.72	\$24.58	\$ 7.94
Spouse/children	N/A	\$634.88	\$652.88	N/A	N/A	\$25.44	\$57.26	\$16.86
Children only	\$188.16	\$223.56	N/A	N/A	N/A	\$13.72	\$32.68	\$ 8.92
(Spouse not eligible for Medicare/children eligible for Medicare)								
	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	TRICARE Supplement ⁴	Dental	Dental Plus ⁵	State Vision Plan
Spouse	\$341.34	\$429.32	N/A	N/A	N/A	\$11.72	\$24.58	\$ 7.94
Spouse/children	\$529.50	\$652.88	\$670.88 ³	N/A	N/A	\$25.44	\$57.26	\$16.86
Children only	N/A	\$223.56	\$241.56 ³	N/A	N/A	\$13.72	\$32.68	\$ 8.92
(Spouse not eligible for Medicare/children not eligible for Medicare)								
	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	TRICARE Supplement ⁴	Dental	Dental Plus ⁵	State Vision Plan
Spouse	\$341.34	\$429.32	N/A	\$ 677.06	\$ 62.50	\$11.72	\$24.58	\$ 7.94
Spouse/children	\$529.50	\$652.88	N/A	\$1,111.22	\$121.50	\$25.44	\$57.26	\$16.86
Children only	\$188.16	\$223.56	N/A	\$ 434.16	\$ 62.50	\$13.72	\$32.68	\$ 8.92

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.

Premiums

2014 Monthly Insurance Premiums for Permanent, Part-time Teachers

2014 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	BlueChoice HealthPlan	TRICARE Supplement²	Dental	Dental Plus¹	State Vision Plan	
Employee only	\$175.52	\$263.50	\$ 511.24	\$ 62.50	\$ 5.86	\$24.58	\$ 7.94	
Employee/spouse	\$405.86	\$581.82	\$1,250.30	\$121.50	\$13.50	\$49.66	\$15.88	
Employee/children	\$274.98	\$398.36	\$ 856.70	\$121.50	\$19.58	\$57.26	\$16.86	
Full family	\$524.24	\$717.80	\$1,701.84	\$162.50	\$27.20	\$74.22	\$24.82	
Category II. 20-24 Hours								
	Savings	Standard	BlueChoice HealthPlan	TRICARE Supplement²	Dental	Dental Plus¹	State Vision Plan	
Employee only	\$119.14	\$207.12	\$ 454.86	\$ 62.50	\$ 3.86	\$24.58	\$ 7.94	
Employee/spouse	\$294.18	\$470.14	\$1,138.62	\$121.50	\$11.50	\$49.66	\$15.88	
Employee/children	\$188.46	\$311.84	\$ 770.18	\$121.50	\$17.58	\$57.26	\$16.86	
Full family	\$384.42	\$577.98	\$1,562.02	\$162.50	\$25.20	\$74.22	\$24.82	
Category III. 25-29 Hours								
	Savings	Standard	BlueChoice HealthPlan	TRICARE Supplement²	Dental	Dental Plus¹	State Vision Plan	
Employee only	\$ 66.08	\$154.06	\$ 401.80	\$ 62.50	\$ 2.00	\$24.58	\$ 7.94	
Employee/spouse	\$189.08	\$365.04	\$1,033.52	\$121.50	\$ 9.64	\$49.66	\$15.88	
Employee/children	\$107.00	\$230.38	\$ 688.72	\$121.50	\$15.72	\$57.26	\$16.86	
Full family	\$252.82	\$446.38	\$1,430.42	\$162.50	\$23.34	\$74.22	\$24.82	
¹ If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You will pay the combined premiums for the plans.								
² The tobacco-use surcharge does not apply to TRICARE Supplement subscribers.								

2014 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	\$165.82	\$5.86	\$222.20	\$7.86	\$275.26	\$9.72
Employee/spouse	\$328.46	\$5.86	\$440.14	\$7.86	\$545.24	\$9.72
Employee/children	\$254.52	\$5.86	\$341.04	\$7.86	\$422.50	\$9.72
Full family	\$411.26	\$5.86	\$551.08	\$7.86	\$682.68	\$9.72

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

Premiums

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	\$ 0.60	\$0.78	\$ 1.08	\$ 1.56	\$ 2.44	\$ 4.10	\$ 6.44	\$ 10.78
\$ 20,000	\$ 1.18	\$ 1.54	\$ 2.18	\$ 3.12	\$ 4.86	\$ 8.18	\$ 12.88	\$ 21.56
\$ 30,000	\$ 1.78	\$ 2.30	\$ 3.26	\$ 4.68	\$ 7.28	\$ 12.26	\$ 19.32	\$ 32.34
\$ 40,000	\$ 2.36	\$ 3.06	\$ 4.34	\$ 6.24	\$ 9.70	\$ 16.36	\$ 25.76	\$ 43.10
\$ 50,000	\$ 2.96	\$ 3.84	\$ 5.42	\$ 7.80	\$12.14	\$ 20.44	\$ 32.22	\$ 53.88
\$ 60,000	\$ 3.54	\$ 4.60	\$ 6.50	\$ 9.34	\$14.56	\$ 24.52	\$ 38.66	\$ 64.66
\$ 70,000	\$ 4.12	\$ 5.36	\$ 7.60	\$10.90	\$16.98	\$ 28.62	\$ 45.10	\$ 75.44
\$ 80,000	\$ 4.72	\$ 6.12	\$ 8.68	\$12.46	\$19.42	\$ 32.70	\$ 51.54	\$ 86.20
\$ 90,000	\$ 5.30	\$ 6.90	\$ 9.76	\$14.02	\$21.84	\$ 36.78	\$ 57.98	\$ 96.98
\$100,000	\$ 5.90	\$ 7.66	\$10.84	\$15.58	\$24.26	\$40.88	\$ 64.42	\$107.76
\$110,000	\$ 6.48	\$ 8.42	\$11.92	\$17.14	\$26.70	\$ 44.96	\$ 70.86	\$118.54
\$120,000	\$ 7.08	\$ 9.18	\$13.02	\$18.68	\$29.12	\$ 49.04	\$ 77.30	\$129.30
\$130,000	\$ 7.66	\$ 9.96	\$14.10	\$20.24	\$31.54	\$ 53.14	\$ 83.74	\$140.08
\$140,000	\$ 8.26	\$10.72	\$15.18	\$21.80	\$33.96	\$ 57.22	\$ 90.18	\$150.86
\$150,000	\$ 8.84	\$11.48	\$16.26	\$23.36	\$36.40	\$ 61.32	\$ 96.62	\$161.64
\$160,000	\$ 9.42	\$12.24	\$17.34	\$24.92	\$38.82	\$ 65.40	\$103.06	\$172.40
\$170,000	\$10.02	\$13.02	\$18.44	\$26.48	\$41.24	\$ 69.48	\$109.50	\$183.18
\$180,000	\$10.60	\$13.78	\$19.52	\$28.04	\$43.68	\$ 73.58	\$115.94	\$193.96
\$190,000	\$11.20	\$14.54	\$20.60	\$29.58	\$46.10	\$ 77.66	\$122.38	\$204.74
\$200,000	\$11.78	\$15.30	\$21.68	\$31.14	\$48.52	\$ 81.74	\$128.82	\$215.50
\$210,000	\$12.38	\$16.08	\$22.76	\$32.70	\$50.96	\$ 85.84	\$135.26	\$226.28
\$220,000	\$12.96	\$16.84	\$23.86	\$34.26	\$53.38	\$ 89.92	\$141.70	\$237.06
\$230,000	\$13.56	\$17.60	\$24.94	\$35.82	\$55.80	\$ 94.00	\$148.14	\$247.84
\$240,000	\$14.14	\$18.36	\$26.02	\$37.38	\$58.22	\$ 98.10	\$154.58	\$258.60
\$250,000	\$14.74	\$19.14	\$27.10	\$38.94	\$60.66	\$102.18	\$161.04	\$269.38
\$260,000	\$15.32	\$19.90	\$28.18	\$40.48	\$63.08	\$106.26	\$167.48	\$280.16
\$270,000	\$15.90	\$20.66	\$29.28	\$42.04	\$65.50	\$110.36	\$173.92	\$290.94
\$280,000	\$16.50	\$21.42	\$30.36	\$43.60	\$67.94	\$114.44	\$180.36	\$301.70
\$290,000	\$17.08	\$22.20	\$31.44	\$45.16	\$70.36	\$118.52	\$186.80	\$312.48
\$300,000	\$17.68	\$22.96	\$32.52	\$46.72	\$72.78	\$122.62	\$193.24	\$323.26
\$310,000	\$18.26	\$23.72	\$33.60	\$48.28	\$75.22	\$126.70	\$199.68	\$334.04
\$320,000	\$18.86	\$24.48	\$34.70	\$49.82	\$77.64	\$130.78	\$206.12	\$344.80
\$330,000	\$19.44	\$25.26	\$35.78	\$51.38	\$80.06	\$134.88	\$212.56	\$355.58
\$340,000	\$20.04	\$26.02	\$36.86	\$52.94	\$82.48	\$138.96	\$219.00	\$366.36
\$350,000	\$20.62	\$26.78	\$37.94	\$54.50	\$84.92	\$143.06	\$225.44	\$377.14
\$360,000	\$21.20	\$27.54	\$39.02	\$56.06	\$87.34	\$147.14	\$231.88	\$387.90
\$370,000	\$21.80	\$28.32	\$40.12	\$57.62	\$89.76	\$151.22	\$238.32	\$398.68
\$380,000	\$22.38	\$29.08	\$41.20	\$59.18	\$92.20	\$155.32	\$244.76	\$409.46
\$390,000	\$22.98	\$29.84	\$42.28	\$60.72	\$94.62	\$159.40	\$251.20	\$420.24

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**								
Coverage	<35	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69
\$400,000	\$23.56	\$30.60	\$43.36	\$62.28	\$97.04	\$163.48	\$257.64	\$431.00
\$410,000	\$24.16	\$31.38	\$44.44	\$63.84	\$99.48	\$167.58	\$264.08	\$441.78
\$420,000	\$24.74	\$32.14	\$45.54	\$65.40	\$101.90	\$171.66	\$270.52	\$452.56
\$430,000	\$25.34	\$32.90	\$46.62	\$66.96	\$104.32	\$175.74	\$276.96	\$463.34
\$440,000	\$25.92	\$33.66	\$47.70	\$68.52	\$106.74	\$179.84	\$283.40	\$474.10
\$450,000	\$26.52	\$34.44	\$48.78	\$70.08	\$109.18	\$183.92	\$289.86	\$484.88
\$460,000	\$27.10	\$35.20	\$49.86	\$71.62	\$111.60	\$188.00	\$296.30	\$495.66
\$470,000	\$27.68	\$35.96	\$50.96	\$73.18	\$114.02	\$192.10	\$302.74	\$506.44
\$480,000	\$28.28	\$36.72	\$52.04	\$74.74	\$116.46	\$196.18	\$309.18	\$517.20
\$490,000	\$28.86	\$37.50	\$53.12	\$76.30	\$118.88	\$200.26	\$315.62	\$527.98
\$500,000	\$29.46	\$38.26	\$54.20	\$77.86	\$121.30	\$204.36	\$322.06	\$538.76

*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	\$ 11.32	\$ 4,200	\$ 11.90	\$ 3,170	\$ 15.00
\$ 20,000	\$ 13,000	\$ 22.62	\$ 8,400	\$ 23.78	\$ 6,340	\$ 30.00
\$ 30,000	\$ 19,500	\$ 33.92	\$ 12,600	\$ 35.68	\$ 9,510	\$ 45.00
\$ 40,000	\$ 26,000	\$ 45.24	\$ 16,800	\$ 47.56	\$ 12,680	\$ 60.00
\$ 50,000	\$ 32,500	\$ 56.54	\$ 21,000	\$ 59.46	\$ 15,850	\$ 75.00
\$ 60,000	\$ 39,000	\$ 67.86	\$ 25,200	\$ 71.34	\$ 19,020	\$ 90.00
\$ 70,000	\$ 45,500	\$ 79.16	\$ 29,400	\$ 83.24	\$ 22,190	\$105.00
\$ 80,000	\$ 52,000	\$ 90.46	\$ 33,600	\$ 95.12	\$ 25,360	\$120.00
\$ 90,000	\$ 58,500	\$101.78	\$ 37,800	\$107.02	\$ 28,530	\$135.00
\$100,000	\$ 65,000	\$113.08	\$ 42,000	\$118.90	\$ 31,700	\$150.00
\$110,000	\$ 71,500	\$124.40	\$ 46,200	\$130.80	\$ 34,870	\$165.00
\$120,000	\$ 78,000	\$135.70	\$ 50,400	\$142.68	\$ 38,040	\$180.00
\$130,000	\$ 84,500	\$147.00	\$ 54,600	\$154.58	\$ 41,210	\$195.00
\$140,000	\$ 91,000	\$158.32	\$ 58,800	\$166.46	\$ 44,380	\$210.00
\$150,000	\$ 97,500	\$169.62	\$ 63,000	\$178.36	\$ 47,550	\$225.00
\$160,000	\$104,000	\$180.94	\$ 67,200	\$190.24	\$ 50,720	\$240.00
\$170,000	\$110,500	\$192.24	\$ 71,400	\$202.14	\$ 53,890	\$255.00
\$180,000	\$117,000	\$203.54	\$ 75,600	\$214.02	\$ 57,060	\$270.00
\$190,000	\$123,500	\$214.86	\$ 79,800	\$225.92	\$ 60,230	\$285.00
\$200,000	\$130,000	\$226.16	\$ 84,000	\$237.80	\$ 63,400	\$300.00
\$210,000	\$136,500	\$237.48	\$ 88,200	\$249.70	\$ 66,570	\$315.00
\$220,000	\$143,000	\$248.78	\$ 92,400	\$261.58	\$ 69,740	\$330.00
\$230,000	\$149,500	\$260.10	\$ 96,600	\$273.46	\$ 72,910	\$345.00
\$240,000	\$156,000	\$271.40	\$100,800	\$285.36	\$ 76,080	\$360.00
\$250,000	\$162,500	\$282.70	\$105,000	\$297.24	\$ 79,250	\$375.00
\$260,000	\$169,000	\$294.02	\$109,200	\$309.14	\$ 82,420	\$390.00
\$270,000	\$175,500	\$305.32	\$113,400	\$321.02	\$ 85,590	\$405.00
\$280,000	\$182,000	\$316.64	\$117,600	\$332.92	\$ 88,760	\$420.00
\$290,000	\$188,500	\$327.94	\$121,800	\$344.80	\$ 91,930	\$435.00
\$300,000	\$195,000	\$339.24	\$126,000	\$356.70	\$ 95,100	\$449.98
\$310,000	\$201,500	\$350.56	\$130,200	\$368.58	\$ 98,270	\$464.98
\$320,000	\$208,000	\$361.86	\$134,400	\$380.48	\$101,440	\$479.98
\$330,000	\$214,500	\$373.18	\$138,600	\$392.36	\$104,610	\$494.98
\$340,000	\$221,000	\$384.48	\$142,800	\$404.26	\$107,780	\$509.98

Premiums

Coverage	Coverage 65%	Ages 70 - 74	Coverage 42%	Ages 75 - 79	Coverage 31.7%	Ages 80+
\$350,000	\$227,500	\$395.78	\$147,000	\$416.14	\$110,950	\$524.98
\$360,000	\$234,000	\$407.10	\$151,200	\$428.04	\$114,120	\$539.98
\$370,000	\$240,500	\$418.40	\$155,400	\$439.92	\$117,290	\$554.98
\$380,000	\$247,000	\$429.72	\$159,600	\$451.82	\$120,460	\$569.98
\$390,000	\$253,500	\$441.02	\$163,800	\$463.70	\$123,630	\$584.98
\$400,000	\$260,000	\$452.32	\$168,000	\$475.60	\$126,800	\$599.98
\$410,000	\$266,500	\$463.64	\$172,200	\$487.48	\$129,970	\$614.98
\$420,000	\$273,000	\$474.94	\$176,400	\$499.38	\$133,140	\$629.98
\$430,000	\$279,500	\$486.26	\$180,600	\$511.26	\$136,310	\$644.98
\$440,000	\$286,000	\$497.56	\$184,800	\$523.16	\$139,480	\$659.98
\$450,000	\$292,500	\$508.86	\$189,000	\$535.04	\$142,650	\$674.98
\$460,000	\$299,000	\$520.18	\$193,200	\$546.94	\$145,820	\$689.98
\$470,000	\$305,500	\$531.48	\$197,400	\$558.82	\$148,990	\$704.98
\$480,000	\$312,000	\$542.80	\$201,600	\$570.72	\$152,160	\$719.98
\$490,000	\$318,500	\$554.10	\$205,800	\$582.60	\$155,330	\$734.98
\$500,000	\$325,000	\$565.40	\$210,000	\$594.50	\$158,500	\$749.98

*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 January 1, 1994, up to December 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 \$1.24, regardless of the number of children covered.

Premiums