### Monthly Premiums

#### Basic Life

The premium for this plan is usually paid by the employer contribution.

- Basic Life: $3.97
- Alternate Basic Life: $5.29 per $1,000

#### Health

The following chart applies to you if you are a **full-time employee** (work at least 40 hours per week):

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Child(ren)</th>
<th>Employee &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Cost</strong></td>
<td>$472.95</td>
<td>$945.92</td>
<td>$804.03</td>
<td>$1,135.09</td>
</tr>
<tr>
<td><strong>Your Cost</strong></td>
<td>$19.78</td>
<td>$256.26</td>
<td>$185.32</td>
<td>$350.85</td>
</tr>
</tbody>
</table>

The following chart applies to you if you are a **part-time employee** (work 20 to 39 hours per week):

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Child(ren)</th>
<th>Employee &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Cost</strong></td>
<td>$472.95</td>
<td>$945.92</td>
<td>$804.03</td>
<td>$1,135.09</td>
</tr>
<tr>
<td><strong>Your Cost</strong></td>
<td>$248.35</td>
<td>$603.08</td>
<td>$496.66</td>
<td>$744.95</td>
</tr>
</tbody>
</table>

Graduate Student Health Plan:

- $106.42
- $429.92
- $282.42
- $605.92

#### Dental

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Child(ren)</th>
<th>Employee &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Cost</strong></td>
<td>$29.41</td>
<td>$58.82</td>
<td>$61.76</td>
<td>$94.11</td>
</tr>
<tr>
<td><strong>Your Cost</strong></td>
<td>$19.78</td>
<td>$36.84</td>
<td>$37.12</td>
<td>$57.68</td>
</tr>
</tbody>
</table>

A&M Dental PPO

- $20.71

DeltaCare USA Dental HMO

- $6.32

#### Vision

- $13.44

#### Optional Life

If your birthday falls between 9-1-13 and 2-28-14 and you will move to a higher cost category, you must pay the higher premium for the entire year. **Monthly rate per $1,000:**

- Age: under 20
- No-tobacco rate: $.05
- Tobacco rate: $.06
- 20–24
- No-tobacco rate: $.05
- Tobacco rate: $.06
- 25–29
- No-tobacco rate: $.05
- Tobacco rate: $.07
- 30–34
- No-tobacco rate: $.06
- Tobacco rate: $.08
- 35–39
- No-tobacco rate: $.07
- Tobacco rate: $.09
- 40–44
- No-tobacco rate: $.08
- Tobacco rate: $.10
- 45–49
- No-tobacco rate: $.12
- Tobacco rate: $.15
- 50–54
- No-tobacco rate: $.19
- Tobacco rate: $.24
- 55–59
- No-tobacco rate: $.35
- Tobacco rate: $.45
- 60–64
- No-tobacco rate: $.54
- Tobacco rate: $.69
- 65–69
- No-tobacco rate: $.72
- Tobacco rate: $1.31
- 70–74
- No-tobacco rate: $1.37
- Tobacco rate: $2.12
- 75 and older
- No-tobacco rate: $1.91
- Tobacco rate: $2.17

#### Dependent Life

Plan A: Spouse: Employee age-based rate per $1,000 of coverage; Child: $.06 per 1,000 of coverage

- Plan B: $1.37/month (flat rate)

Plan C: ½ Alternate Basic Life premium; (1/10 if no spouse is covered)

#### AD&D

**Monthly rate per $10,000:**

- Employee Only: $.14
- Employee & Family: $.24

#### Long-Term Disability

**Monthly rate per $100/monthly pay:**

- Non-tobacco rate: $.192
- Tobacco rate: $.249

#### Flexible Spending Account Debit Card (Health Care Account only)

- $9.00/year