

# Monthly Premiums

Effective September 1, 2015

## Basic Life

The premium for this plan is usually paid by the employer contribution.  
Basic Life \$4.23      Alternate Basic Life \$.564 per \$1,000

## Health

	Retiree Only		Retiree & Spouse		Retiree & Child(ren)		Retiree & Family	
	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care	\$553.48	\$ 10.00	\$1,095.93	\$281.22	\$933.22	\$199.87	\$1,312.89	\$389.70
A&M Care 65+	\$495.36	\$ 0.00	\$ 979.65	\$164.94	\$834.38	\$101.03	\$1,173.38	\$250.19

## Dental

	Retiree Only	Retiree & Spouse	Retiree & Child(ren)	Retiree & Family
A&M Dental PPO	\$29.41	\$58.82	\$61.76	\$94.11
DeltaCare USA Dental HMO	\$21.23	\$37.76	\$38.05	\$59.12

## Vision

	Retiree Only	Retiree & Spouse	Retiree & Child(ren)	Retiree & Family
	\$ 6.70	\$14.25	\$11.00	\$19.61

## Optional Life

If your birthday falls between 9-1-15 and 2-28-16 you will move to a higher cost category, you must pay the higher premium for the entire year. *Monthly rate per \$1,000:*

Age	Non-tobacco rate	Tobacco rate	Age	Non-tobacco rate	Tobacco rate
under 25	\$.04	\$.08	50-54	\$.16	\$.32
25-29	.04	.08	55-59	.29	.58
30-34	.04	.08	60-64	.45	.90
35-39	.05	.10	65-69	.61	1.22
40-44	.06	.12	70-74	1.15	2.30
45-49	.10	.20	75+	1.61	3.22

## Dependent Life

Plan A: Spouse age-based rate per \$1,000 of coverage; Child: \$.06 per 1,000 of coverage  
Plan B: \$1.37/month (flat rate)  
Plan C: 1/2 Alternate Basic Life premium; 1/10 if no spouse is covered

Age	Non-tobacco rate	Tobacco rate	Age	Non-tobacco rate	Tobacco rate
under 25	\$.05	\$.060	50-54	\$.23	\$.276
25-29	.06	.072	55-59	.43	.516
30-34	.08	.096	60-64	.66	.792
35-39	.09	.108	65-69	1.27	1.524
40-44	.10	.120	70-74	2.06	2.472
45-49	.15	.180	75+	2.06	2.472

## AD&D

*Monthly rate per \$10,000:*      Retiree Only      \$ .28      Retiree & Family      \$ .46

## Survivor Rates

Survivors are eligible only for Health, Dental and Vision coverage.

	Participant Only	Participant & Spouse	Participant & Child(ren)	Participant & Family
A&M Care	\$553.48	\$1,095.93	\$933.22	\$1,312.89
A&M Care 65 PLUS	\$495.36	\$ 979.65	\$834.38	\$1,173.38
J Plan	\$590.62	\$1,170.21	\$996.35	\$1,402.03
Grad Plan	\$141.00	\$ 422.00	\$366.00	\$ 492.00
A&M Dental Dental PPO	\$ 29.41	\$ 58.82	\$ 61.76	\$ 94.11
DeltaCare USA Dental HMO	\$ 21.23	\$ 37.76	\$ 38.05	\$ 59.12
Vision				