

Monthly Premiums

Effective September 1, 2017

Basic Life

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

Basic Life \$6.59

Alternate Basic Life \$.878 per \$1,000 of coverage

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	\$593.77	\$ 0.00	\$1,155.88	\$281.05	\$984.27	\$195.25	\$1,384.71	\$395.47
A&M Care 65 PLUS	\$531.42	\$ 0.00	\$1,033.24	\$158.41	\$880.02	\$91.00	\$1,237.56	\$248.32

The health care premium increases by \$30/month if you or your spouse is a tobacco user.

Dental	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 Dental PPO	\$29.41		\$58.82		\$61.76		\$94.11	
DeltaCare USA Dental HMO	\$19.11		\$33.98		\$34.25		\$53.21	

Vision	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
	\$7.00		\$14.88		\$11.50		\$20.50	

Optional Life

Your age on September 1 will be the age used to calculate your premiums for the rest of the fiscal year. Monthly rate per \$1,000:

Age	Non-tobacco rate	Tobacco rate	Age	Non-tobacco Rate	Tobacco rate
Under 25	\$.05	\$.10	50-54	\$.20	\$.40
25-29	.05	.10	55-59	.36	.72
30-34	.05	.10	60-64	.56	1.12
35-39	.06	.12	65-69	.76	1.52
40-44	.07	.14	70-74	1.43	2.86
45-49	.12	.24	75+	2.00	4.00

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 & Vision coverage.

	Participant Only	Participant & Spouse	Participant & Child(ren)	Participant & Family
A&M Care	\$593.77	\$1,155.88	\$984.27	\$1,384.71
A&M Care 65 PLUS	\$531.42	\$1,033.24	\$880.02	\$1,237.56
A&M Dental PPO	\$ 29.41	\$ 58.82	\$ 61.76	\$ 94.11
DeltaCare USA Dental HMO	\$ 19.11	\$ 33.98	\$ 34.25	\$ 53.21
Vision	\$ 7.00	\$ 14.88	\$ 11.50	\$ 20.50