

Premiums

September 1, 2018

Health rates include the \$30 wellness premium for you and your spouse. Only the A&M Care Plan is eligible for the wellness premium. If you have met your wellness incentive, you will see a \$30 credit in Workday that will reduce this premium. Premiums increase by \$30/month if you or your spouse is a tobacco user:

Health		<i>Employee Only</i>		<i>Employee & Spouse</i>		<i>Employee & Child(ren)</i>		<i>Employee & Family</i>	
		Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care	Monthly	\$623.77	\$30.00	\$1,215.88	\$341.05	\$1,014.27	\$225.25	\$1,444.71	\$455.47
	Bi-Weekly	\$623.77	\$15.00	\$1,215.88	\$170.53	\$1,014.27	\$112.63	\$1,444.71	\$227.74
J Plan	Monthly	\$593.77	\$0.00	\$1,155.88	\$281.05	\$984.27	\$195.25	\$1,384.71	\$395.47
	Bi Weekly	\$593.77	\$0.00	\$1,155.88	\$140.53	\$984.27	\$97.63	\$1,384.71	\$197.74

Part-Time Employees (work a 20-29 hour week)

		<i>Employee Only</i>		<i>Employee & Spouse</i>		<i>Employee & Child(ren)</i>		<i>Employee & Family</i>	
		Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care	Monthly	\$623.77	\$330.18	\$1,215.88	\$781.76	\$1,014.27	\$623.05	\$1,444.71	\$953.38
	Bi-Weekly	\$623.77	\$165.09	\$1,215.88	\$390.88	\$1,014.27	\$311.53	\$1,444.71	\$476.69
J Plan	Monthly	\$593.77	\$300.18	\$1,155.88	\$721.76	\$984.27	\$593.05	\$1,384.71	\$893.38
	Bi-Weekly	\$593.77	\$150.09	\$1,155.88	\$360.88	\$984.27	\$296.53	\$1,384.71	\$446.69
Graduate Plan	Monthly	\$208.00	\$37.00	\$416.00	\$74.00	\$549.00	\$157.78	\$757.00	\$265.67
	Bi Weekly	\$208.00	\$18.50	\$416.00	\$37.00	\$549.00	\$78.89	\$757.00	\$132.84

Dental		<i>Employee Only</i>		<i>Employee & Spouse</i>		<i>Employee & Child(ren)</i>		<i>Employee & Family</i>	
A&M Dental PPO	Monthly		\$29.41		\$58.82		\$61.76		\$94.11
	Bi-Weekly		\$14.71		\$29.41		\$30.88		\$47.06
DeltaCare USA	Monthly		\$19.11		\$33.98		\$34.25		\$53.21
Dental HMO	Bi-Weekly		\$9.56		\$16.99		\$17.13		\$26.61

Vision		<i>Employee Only</i>		<i>Employee & Spouse</i>		<i>Employee & Child(ren)</i>		<i>Employee & Family</i>	
Monthly			\$7.00		\$14.88		\$11.50		\$20.50
Bi-Weekly			\$3.50		\$7.44		\$5.75		\$10.25

AD&D		<i>Employee Only</i>		<i>Employee and Family</i>	
Rate per \$10,000:		Monthly	\$.14		\$.24
		Bi-Weekly	\$.07		\$.12

Long-Term Disability		<i>Non-Tobacco Rate</i>		<i>Tobacco Rate</i>	
Rate per \$100 of monthly salary:		Monthly	\$.178		\$.230
		Bi-Weekly	\$.089		\$.115

Flexible Spending Account

Maximum you can deduct from your pay:

Health Care Spending Account - \$2,650
Dependent Daycare Spending Account - \$5,000

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

Optional Life

Your age on September 1 will be the age used to calculate your premiums for the rest of the fiscal year. If you are a bi-weekly employee, the life rates are divided in half per month. *Monthly rate per \$1,000:*

	Age =	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Non-Tobacco Rate	Monthly	\$.05	\$.05	\$.05	\$.06	\$.07	\$.12	\$.20	\$.36	\$.56	\$.76	\$1.43	\$2.00
Tobacco Rate	Monthly	\$.10	\$.10	\$.10	\$.12	\$.14	\$.24	\$.40	\$.72	\$1.12	\$1.52	\$2.86	\$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: ½ Alternate Basic Life premium; 1/10 if no spouse is covered

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