

Premiums – 9 Month Full-Time Employee

September 1, 2018

For 9-month, full-time monthly paid positions, premiums are prorated so that you pay for 12 months of premiums over 9 months. This means that you pay for 12 months of premiums by May 31. **You do not have to pay premiums during the summer** and you will have coverage, unless you are terminating employment. In this case, you will receive a refund for the summer months. Tobacco user and wellness charges, if applicable, are \$40/month, since they are prorated. If you have a wellness credit, that is prorated as well. Health rates include a prorated \$30 wellness premium for both 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 prorated \$30 credit in Workday that will reduce this premium. Premiums increase by \$40 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> | |
|---------------|----------|----------------------|------------------|------------------------------|------------------|----------------------------------|------------------|------------------------------|------------------|
| | | <i>Total Cost</i> | <i>Your Cost</i> | <i>Total Cost</i> | <i>Your Cost</i> | <i>Total Cost</i> | <i>Your Cost</i> | <i>Total Cost</i> | <i>Your Cost</i> |
| A&M Care | 9-Months | \$831.69 | \$40.00 | \$1,621.17 | \$454.73 | \$1,352.36 | \$300.33 | \$1,926.28 | \$607.29 |
| J Plan | 9-Months | \$791.69 | \$40.00 | \$1,621.17 | \$454.73 | \$1,352.36 | \$300.33 | \$1,352.36 | \$607.29 |

| Dental | | <i>Employee Only</i> | <i>Employee & Spouse</i> | <i>Employee & Child(ren)</i> | <i>Employee & Family</i> |
|-----------------------------|----------|----------------------|------------------------------|----------------------------------|------------------------------|
| A&M Dental PPO | 9-Months | \$39.21 | \$78.43 | \$82.35 | \$125.48 |
| DeltaCare USA Dental HMO | 9-Months | \$25.48 | \$45.31 | \$45.67 | \$70.95 |

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| Vision | | <i>Employee Only</i> | <i>Employee & Spouse</i> | <i>Employee & Child(ren)</i> | <i>Employee & Family</i> |
|---------------|--|----------------------|------------------------------|----------------------------------|------------------------------|
| 9-Months | | \$9.33 | \$19.84 | \$15.33 | \$27.33 |

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

| Long-Term Disability | | <i>Non-Tobacco Rate</i> | <i>Tobacco Rate</i> |
|-----------------------------------|----------|-------------------------|---------------------|
| Rate per \$100 of monthly salary: | Monthly* | \$.178 | \$.230 |

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. *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 |

**Employees deducted over 9 months: After calculating your monthly rate, multiply the rate by 12 to get your annual total, and divide it by 9 months.*