### 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

<table>
<thead>
<tr>
<th>Health</th>
<th>Retiree Only</th>
<th>Retiree &amp; Spouse</th>
<th>Retiree &amp; Child(ren)</th>
<th>Retiree &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;M Care</td>
<td>$593.77</td>
<td>$0.00</td>
<td>$1,155.88</td>
<td>$281.05</td>
</tr>
<tr>
<td>A&amp;M Care 65 PLUS</td>
<td>$531.42</td>
<td>$0.00</td>
<td>$1,033.24</td>
<td>$158.41</td>
</tr>
</tbody>
</table>

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

### Dental

<table>
<thead>
<tr>
<th>Dental</th>
<th>Retiree Only</th>
<th>Retiree &amp; Spouse</th>
<th>Retiree &amp; Child(ren)</th>
<th>Retiree &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;M Dental PPO</td>
<td>$29.41</td>
<td>$58.82</td>
<td>$61.76</td>
<td>$94.11</td>
</tr>
<tr>
<td>DeltaCare USA Dental HMO</td>
<td>$19.11</td>
<td>$33.98</td>
<td>$34.25</td>
<td>$53.21</td>
</tr>
</tbody>
</table>

### Vision

<table>
<thead>
<tr>
<th>Vision</th>
<th>Retiree Only</th>
<th>Retiree &amp; Spouse</th>
<th>Retiree &amp; Child(ren)</th>
<th>Retiree &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;M Care</td>
<td>$7.00</td>
<td>$14.88</td>
<td>$11.50</td>
<td>$20.50</td>
</tr>
</tbody>
</table>

### 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:

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

### 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

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

### AD&D

Monthly rate per $10,000

<table>
<thead>
<tr>
<th>AD&amp;D</th>
<th>Retiree Only</th>
<th>Retiree &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;M Care</td>
<td>$.28</td>
<td>$1,384.71</td>
</tr>
<tr>
<td>A&amp;M Care 65 PLUS</td>
<td>$1,237.56</td>
<td></td>
</tr>
<tr>
<td>A&amp;M Dental PPO</td>
<td>$94.11</td>
<td></td>
</tr>
<tr>
<td>DeltaCare USA Dental HMO</td>
<td>$53.21</td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>$20.50</td>
<td></td>
</tr>
</tbody>
</table>

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

| Survivor Rates
<table>
<thead>
<tr>
<th>Participant Only</th>
<th>Participant &amp; Spouse</th>
<th>Participant &amp; Child(ren)</th>
<th>Participant &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;M Care</td>
<td>$593.77</td>
<td>$1,155.88</td>
<td>$984.27</td>
</tr>
<tr>
<td>A&amp;M Care 65 PLUS</td>
<td>$531.42</td>
<td>$1,033.24</td>
<td>$880.02</td>
</tr>
<tr>
<td>A&amp;M Dental PPO</td>
<td>$29.41</td>
<td>$33.98</td>
<td>$34.25</td>
</tr>
<tr>
<td>DeltaCare USA Dental HMO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>$7.00</td>
<td>$14.88</td>
<td>$11.50</td>
</tr>
</tbody>
</table>