

## Premiums

September 1, 2021

Health premiums for the A&M Care plan below **include** a \$30 wellness premium for you and for your spouse in the appropriate column. If you have completed your two-step wellness activities or are waived because you are newly enrolled, you will see credit in Workday that will reduce your premium. Premiums increase by \$30/month if you or your spouse is a tobacco user:

<b>Health</b>		<i>Employee Only</i>		<i>Employee &amp; Spouse</i>		<i>Employee &amp; Child(ren)</i>		<i>Employee &amp; Family</i>	
		Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care	Monthly	\$706.82	\$30.00	\$1,298.90	\$341.04	\$1,097.34	\$225.26	\$1,527.82	\$455.50
	Bi-Weekly	\$706.82	\$15.00	\$1,298.90	\$170.52	\$1,097.34	\$112.63	\$1,527.82	\$227.75
J Plan	Monthly	\$676.82	\$0.00	\$1,238.90	\$281.04	\$1,067.34	\$195.26	\$1,467.82	\$395.50
	Bi Weekly	\$676.82	\$0.00	\$1,238.90	\$140.52	\$1,067.34	\$97.63	\$1,467.82	\$197.75

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

		<i>Employee Only</i>		<i>Employee &amp; Spouse</i>		<i>Employee &amp; Child(ren)</i>		<i>Employee &amp; Family</i>	
		Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care	Monthly	\$706.82	\$370.76	\$1,298.90	\$822.32	\$1,097.34	\$663.64	\$1,527.82	\$994.02
	Bi-Weekly	\$706.82	\$185.38	\$1,298.90	\$411.16	\$1,097.34	\$331.82	\$1,527.82	\$497.01
J Plan	Monthly	\$676.82	\$340.76	\$1,238.90	\$762.32	\$1,067.34	\$633.64	\$1,467.82	\$934.02
	Bi-Weekly	\$676.82	\$170.38	\$1,238.90	\$367.89	\$1,067.34	\$303.57	\$1,467.82	\$453.74
Graduate Plan	Monthly	\$252.00	\$0.00	\$504.00	\$27.42	\$669.00	\$235.30	\$921.00	\$387.20
	Bi Weekly	\$252.00	\$0.00	\$504.00	\$13.71	\$669.00	\$117.65	\$921.00	\$193.60

<b>Dental</b>		<i>Employee Only</i>	<i>Employee &amp; Spouse</i>	<i>Employee &amp; Child(ren)</i>	<i>Employee &amp; Family</i>
A&M Dental PPO	Monthly	\$29.42	\$58.82	\$61.76	\$94.12
	Bi-Weekly	\$14.71	\$29.41	\$30.88	\$47.06
DeltaCare USA	Monthly	\$21.08	\$37.48	\$37.76	\$58.66
Dental HMO	Bi-Weekly	\$10.54	\$18.74	\$18.88	\$29.33

<b>Vision</b>	<i>Employee Only</i>	<i>Employee &amp; Spouse</i>	<i>Employee &amp; Child(ren)</i>	<i>Employee &amp; Family</i>
Monthly	\$7.60	\$16.12	\$12.46	\$22.22
Bi-Weekly	\$3.80	\$8.06	\$6.23	\$11.11

<b>AD&amp;D</b>	<i>Employee Only</i>	<i>Employee and Family</i>	
Rate per \$10,000:	Monthly	\$0.10	\$0.24
	Bi-Weekly	\$0.05	\$0.12

**Long-Term Disability**

Rate per \$100 of monthly salary:

	<i>Non-Tobacco Rate</i>	<i>Tobacco Rate</i>
Monthly	\$ .178	\$ .230
Bi-Weekly	\$ .089	\$ .115

**Flexible Spending Account**

Maximum you can deduct from your pay:

Health Care Spending Account - \$2,750  
 Dependent Daycare Spending Account - \$5,000

**Basic Life**

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

Basic Life: \$4.70

Alternate Basic Life: \$.626 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  
 Spouse Plan B: \$1.05/month (flat rate) for \$5,000 in DL and AD&D  
 Child Plan B: \$0.32/month (flat rate) for \$5,000 in DL and AD&D  
 Plan C: 1/2 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