

Premiums – 9 Month Full-Time Employee

September 1, 2025

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. 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 completed your wellness activities, 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	\$1,433.41	\$40.00	\$2,245.33	\$465.95	\$1,969.73	\$308.16	\$2,559.72	\$623.15
J Plan	9-Months	\$1,393.41	\$0.00	\$2,165.33	\$385.95	\$1,929.73	\$268.16	\$2,479.72	\$543.15

Dental		<i>Employee Only</i>	<i>Employee & Spouse</i>	<i>Employee & Child(ren)</i>	<i>Employee & Family</i>
A&M Dental PPO	9-Months	\$42.69	\$85.36	\$89.63	\$136.56
DeltaCare USA Dental HMO	9-Months	\$28.96	\$51.47	\$51.87	\$80.56

Vision		<i>Employee Only</i>	<i>Employee & Spouse</i>	<i>Employee & Child(ren)</i>	<i>Employee & Family</i>
9-Months		\$11.15	\$23.63	\$18.27	\$32.59

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

Long-Term Disability		<i>Non-Tobacco Rate</i>	<i>Tobacco Rate</i>
Rate per \$100 of monthly salary:	Monthly*	\$.163	\$.210

Flexible Spending Account

Maximum you can deduct from your pay:

Health Care Spending Account - \$3,300

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.*