

Premiums

September 1, 2025

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:

Health		Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family	
		Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care	Monthly	\$1,075.06	\$30.00	\$1,684.00	\$349.46	\$1,477.30	\$231.12	\$1,919.79	\$467.36
	Bi-Weekly	\$1,075.06	\$15.00	\$1,684.00	\$174.73	\$1,477.30	\$115.56	\$1,919.79	\$233.68
J Plan	Monthly	\$1,045.06	\$0.00	\$1,624.00	\$289.46	\$1,447.30	\$201.12	\$1,859.79	\$407.36
	Bi Weekly	\$1,045.06	\$0.00	\$1,624.00	\$144.73	\$1,447.30	\$100.56	\$1,859.79	\$203.68

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

		Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family	
		Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care	Monthly	\$1075.06	\$554.88	\$1,684.00	\$1019.08	\$1,477.30	\$856.56	\$1,919.79	\$1,195.93
	Bi-Weekly	\$1075.06	\$277.44	\$1,684.00	\$509.54	\$1,477.30	\$428.28	\$1,919.79	\$597.97
J Plan	Monthly	\$1045.06	\$524.88	\$1,624.00	\$959.08	\$1,447.30	\$826.56	\$1,859.79	\$1,135.93
	Bi-Weekly	\$1045.06	\$262.44	\$1,624.00	\$479.54	\$1,447.30	\$413.28	\$1,859.79	\$567.97
Graduate Plan	Monthly	\$252.00	\$0.00	\$504.00	\$0.00	\$669.00	\$48.26	\$921.00	\$197.14
	Bi Weekly	\$252.00	\$0.00	\$504.00	\$0.00	\$669.00	\$24.13	\$921.00	\$98.57

Dental		Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family	
A&M Dental PPO	Monthly		\$32.02		\$64.02		\$67.22		\$102.42
	Bi-Weekly		\$16.01		\$32.01		\$33.61		\$51.21
DeltaCare USA	Monthly		\$21.72		\$38.60		\$38.90		\$60.42
Dental HMO	Bi-Weekly		\$10.86		\$19.30		\$19.45		\$30.21

Vision		Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family	
Monthly			\$8.36		\$17.72		\$13.70		\$24.44
Bi-Weekly			\$4.18		\$8.86		\$6.85		\$12.22

AD&D		Employee Only		Employee and Family	
Rate per \$10,000:	Monthly		\$.10		\$.24
	Bi-Weekly		\$.05		\$.12

Non-Tobacco Rate

Tobacco Rate

Long-Term Disability

Rate per \$100 of monthly salary:

Monthly	\$.163	\$.210
Bi-Weekly	\$.0815	\$.105

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: \$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: 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