

## Premiums

September 1, 2023

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	\$920.04	\$30.00	\$1,512.12	\$341.04	\$1,310.56	\$225.26	\$1,741.04	\$455.50
	Bi-Weekly	\$920.04	\$15.00	\$1,512.12	\$170.52	\$1,310.56	\$112.63	\$1,741.04	\$227.75
J Plan	Monthly	\$890.04	\$0.00	\$1,452.12	281.04	\$1,280.56	\$195.26	\$1,681.04	\$395.50
	Bi Weekly	\$890.04	\$0.00	\$1,452.12	\$140.52	\$1,280.56	\$97.63	\$1,681.04	\$197.75

### 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	\$920.04	\$477.36	\$1,512.12	\$928.94	\$1,310.56	\$770.26	\$1,741.04	\$1,100.62
	Bi-Weekly	\$920.04	\$238.68	\$1,512.12	\$464.47	\$1,310.56	\$385.13	\$1,741.04	\$550.31
J Plan	Monthly	\$890.04	\$447.36	\$1,452.12	\$868.94	\$1,280.56	\$740.26	\$1,681.04	\$1,040.62
	Bi-Weekly	\$890.04	\$223.68	\$1,452.12	\$434.47	\$1,280.56	\$370.13	\$1,681.04	\$520.31
Graduate Plan	Monthly	\$252.00	\$0.00	\$504.00	\$0.00	\$669.00	\$128.70	\$921.00	\$280.58
	Bi Weekly	\$252.00	\$0.00	\$504.00	\$0.00	\$669.00	\$64.35	\$921.00	\$140.29

Dental		Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family	
A&M Dental PPO	Monthly		\$30.00		\$60.00		\$63.00		\$96.00
	Bi-Weekly		\$15.00		\$30.00		\$31.50		\$48.00
DeltaCare USA	Monthly		\$21.08		\$37.48		\$37.76		\$58.66
Dental HMO	Bi-Weekly		\$10.54		\$18.74		\$18.88		\$29.33

Vision		Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family	
Monthly			\$7.60		\$16.12		\$12.46		\$22.22
Bi-Weekly			\$3.80		\$8.06		\$6.23		\$11.11

AD&D		Employee Only		Employee and Family	
Rate per \$10,000:		Monthly	\$0.10	Monthly	\$0.24
		Bi-Weekly	\$0.05	Bi-Weekly	\$0.12

Non-Tobacco Rate

Tobacco Rate

**Long-Term Disability**

Rate per \$100 of monthly salary:

Monthly	\$ .178	\$ .230
Bi-Weekly	\$ .089	\$ .115

**Flexible Spending Account**

Maximum you can deduct from your pay:

Health Care Spending Account - \$3,050  
 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