

## 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 incentive, that is prorated as well. Health rates include a prorated \$30 wellness incentive for both you and your spouse. Only the A&M Care Plan is eligible for the wellness incentive. If you have completed your wellness activities, you will see a prorated \$30 credit in Workday that will reduce this premium. Wellness incentives earned during the fiscal year will be credited for the remaining premium payments, not the remaining months. Premiums increase by \$40 if you or your spouse is a tobacco user.

<b>Health</b>		<b>Employee Only</b>		<b>Employee &amp; Spouse</b>		<b>Employee &amp; Child(ren)</b>		<b>Employee &amp; Family</b>	
		<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

<b>Dental</b>		<b>Employee Only</b>		<b>Employee &amp; Spouse</b>		<b>Employee &amp; Child(ren)</b>		<b>Employee &amp; Family</b>	
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

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

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

<b>Long-Term Disability</b>		<b>Non-Tobacco Rate</b>		<b>Tobacco Rate</b>	
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

## 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		25-29	30-34	35-39	40-44	45-49	25-29	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

*\*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.*