**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:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Monthly Total Cost</th>
<th>Monthly Your Cost</th>
<th>Bi-Weekly Total Cost</th>
<th>Bi-Weekly Your Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A&amp;M Care</td>
<td>$920.04</td>
<td>$30.00</td>
<td>$1,512.12</td>
<td>$341.04</td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td>$920.04</td>
<td>$15.00</td>
<td>$1,512.12</td>
<td>$170.52</td>
</tr>
<tr>
<td>J Plan</td>
<td>$890.04</td>
<td>$0.00</td>
<td>$1,452.12</td>
<td>$281.04</td>
</tr>
<tr>
<td>Bi Weekly</td>
<td>$890.04</td>
<td>$0.00</td>
<td>$1,452.12</td>
<td>$140.52</td>
</tr>
<tr>
<td><strong>Part-Time Employees (work a 20-29 hour week)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A&amp;M Care</td>
<td>$920.04</td>
<td>$477.36</td>
<td>$1,512.12</td>
<td>$928.94</td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td>$920.04</td>
<td>$238.68</td>
<td>$1,512.12</td>
<td>$464.47</td>
</tr>
<tr>
<td>J Plan</td>
<td>$890.04</td>
<td>$447.36</td>
<td>$1,452.12</td>
<td>$868.94</td>
</tr>
<tr>
<td>Bi Weekly</td>
<td>$890.04</td>
<td>$223.68</td>
<td>$1,452.12</td>
<td>$434.47</td>
</tr>
<tr>
<td>Graduate</td>
<td>$252.00</td>
<td>$0.00</td>
<td>$504.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Plan</td>
<td>$252.00</td>
<td>$0.00</td>
<td>$504.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A&amp;M Dental PPO</td>
<td>Monthly</td>
<td>$30.00</td>
<td>$60.00</td>
<td>$63.00</td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td>$15.00</td>
<td>$30.00</td>
<td>$31.50</td>
<td>$48.00</td>
</tr>
<tr>
<td>DeltaCare USA</td>
<td>Monthly</td>
<td>$21.08</td>
<td>$37.48</td>
<td>$37.76</td>
</tr>
<tr>
<td>Dental HMO</td>
<td>Bi-Weekly</td>
<td>$10.54</td>
<td>$18.74</td>
<td>$18.88</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td>$7.60</td>
<td>$16.12</td>
<td>$12.46</td>
<td>$22.22</td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td>$3.80</td>
<td>$8.06</td>
<td>$6.23</td>
<td>$11.11</td>
</tr>
<tr>
<td><strong>AD&amp;D</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate per $10,000:</td>
<td>Monthly</td>
<td>$0.10</td>
<td>$0.24</td>
<td>$0.05</td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td>$0.05</td>
<td>$0.12</td>
<td>$0.12</td>
<td>$0.12</td>
</tr>
</tbody>
</table>
### Long-Term Disability

*Rate per $100 of monthly salary:*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Monthly</th>
<th>Bi-Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$.178</td>
<td>$.089</td>
</tr>
<tr>
<td></td>
<td>$.230</td>
<td>$.115</td>
</tr>
</tbody>
</table>

### 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: $0.626 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:*

<table>
<thead>
<tr>
<th>Age =</th>
<th>Under 25</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Tobacco Rate</td>
<td>Monthly</td>
<td>$.05</td>
<td>$.05</td>
<td>$.05</td>
<td>$.06</td>
<td>$.07</td>
<td>$.12</td>
<td>$.20</td>
<td>$.36</td>
<td>$.56</td>
<td>$.76</td>
<td>$1.43</td>
</tr>
<tr>
<td>Tobacco Rate</td>
<td>Monthly</td>
<td>$.10</td>
<td>$.10</td>
<td>$.10</td>
<td>$.12</td>
<td>$.14</td>
<td>$.24</td>
<td>$.40</td>
<td>$.72</td>
<td>$1.12</td>
<td>$1.52</td>
<td>$2.86</td>
</tr>
</tbody>
</table>

### Dependent Life

Plan A: Spouse Age-based rate per $1,000 of coverage; Child: $0.06 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

<table>
<thead>
<tr>
<th>Age =</th>
<th>Under 25</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Tobacco Rate</td>
<td>Monthly</td>
<td>$.05</td>
<td>$.06</td>
<td>$.08</td>
<td>$.09</td>
<td>$.10</td>
<td>$.15</td>
<td>$.23</td>
<td>$.43</td>
<td>$.66</td>
<td>$1.27</td>
<td>$2.06</td>
</tr>
<tr>
<td>Tobacco Rate</td>
<td>Monthly</td>
<td>$.060</td>
<td>$.072</td>
<td>$.096</td>
<td>$.108</td>
<td>$.120</td>
<td>$.180</td>
<td>$.276</td>
<td>$.516</td>
<td>$.792</td>
<td>$1.524</td>
<td>$2.472</td>
</tr>
</tbody>
</table>