

The premium rates are in effect as of June 23, 2024 and are subject to change from time to time.  
All premiums are based on a bi-weekly rate, except for the Core and Enhanced Life Insurance.

### Group Life Insurance Plan

The rates for Core and Enhanced Life Insurance are per month. The monthly rates are deducted on a bi-weekly basis. The bi-weekly deductions are calculated by annualizing the monthly premium (multiply the rate by 12), and dividing it by the number of pay periods in the calendar year.

#### Core Life Insurance – Monthly Rate (per \$1,000 of insurance)

	EMPLOYER	EMPLOYEE
Life	\$0.0081	\$0.0041
Accidental Death and Dismemberment (AD&D)	\$0.0064	\$0.0032

#### Enhanced Life Insurance (Employee Paid) – Monthly Rate

The 1<sup>st</sup>choice rates are based on your age, gender and smoking status. The following tables show the monthly premiums for each \$1,000 of insurance.

MALE		
Age	Non-Smoker	Smoker
Under 36	\$0.03	\$0.04
36–45	\$0.04	\$0.06
46–50	\$0.09	\$0.14
51–55	\$0.17	\$0.26
56–60	\$0.37	\$0.55
61–64	\$0.53	\$0.80
65–69	\$0.76	\$1.13

FEMALE		
Age	Non-Smoker	Smoker
Under 36	\$0.02	\$0.03
36–45	\$0.03	\$0.05
46–50	\$0.07	\$0.11
51–55	\$0.13	\$0.20
56–60	\$0.24	\$0.36
61–64	\$0.33	\$0.49
65–69	\$0.46	\$0.69

**Dependent Life Insurance (Employee Paid) – Bi-weekly Rate = \$1.384**

**Effective June 23, 2024**

## Health Benefit Plans – *Bi-weekly Rate*

	EMPLOYER	EMPLOYEE
<b>Dental – Core</b>		
Single	\$24.98	\$0.00
Family	\$62.45	\$0.00
<b>Dental – Enhanced</b>		
Single	\$24.98	\$11.99
Family	\$62.45	\$29.97
<b>Prescription Drugs – Core</b>		
Single	\$16.24	\$16.24
Family	\$32.50	\$32.50
<b>Prescription Drugs – Enhanced</b>		
Single	\$16.24	\$22.68
Family	\$32.50	\$45.37
<b>Extended Medical – Core</b>		
Single	\$9.13	\$9.13
Family	\$18.23	\$18.23
<b>Extended Medical – Enhanced</b>		
Single	\$9.13	\$24.80
Family	\$18.23	\$49.65

## Long Term Disability (Employer Paid)

Percent of Insurable Salary = 2.00%