

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	\$0.0790	\$0.0395
Accidental Death and Dismemberment (AD&D)	\$0.0064	\$0.0032

Enhanced Life Insurance (Employee Paid) – Monthly Rate

The MyCHOICE 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 = \$2.192

Premium Rate Sheet — Effective June 23, 2024

HEALTH BENEFIT PLANS - BI-WEEKLY RATE

	EMPLOYER	EMPLOYEE
Dental — Core		
Single	\$25.22	\$0.00
Family	\$60.49	\$0.00
Dental — Enhanced		
Single	\$25.22	\$6.66
Family	\$60.49	\$16.03
Prescription Drugs — Core		
Single	\$18.73	\$18.73
Family	\$34.79	\$34.79
Prescription Drugs — Enhanced		
Single	\$18.73	\$24.74
Family	\$34.79	\$43.15
Extended Medical — Core		
Single	\$10.29	\$10.29
Family	\$17.54	\$17.54
Extended Medical — Enhanced		
Single	\$10.29	\$23.23
Family	\$17.54	\$45.01

LONG TERM DISABILITY

Percent of Insurable Salary: 1.65% — employee
 1.65% — employer