

PREMIUM COST SHEET

Bi-weekly Premiums as of March 1, 2017

Health Plan	
Single	\$61.00
Associate/Spouse	\$159.00
Associate/Dependent	\$137.00
Family	\$219.00
Spousal Surcharge	\$90.00

Dental Plan	
Single	\$13.00
Associate/Spouse	\$27.00
Associate/Dependent	\$20.00
Family	\$35.00

Basic Life	
Hourly	\$2.00
Exempt	\$0.00

Vision	
Single	\$4.53
Associate +1	\$8.77
Family	\$12.88

Long Term Disability	
<u>Annual Salary</u>	<u>Rate</u>
Under \$25,000	\$4.41
\$25,001 - \$35,000	\$4.90
\$35,001 - \$50,000	\$6.87
\$50,001 - \$65,000	\$11.28
\$65,001 - \$80,000	\$14.22
\$80,001 - \$95,000	\$17.16
\$95,001 - \$115,000	\$20.60
\$115,001 - \$150,000	\$25.99
> \$150,001	\$34.33

Supplemental Life (Cost per \$1,000)		
	<u>Associate</u>	<u>Spouse</u>
Age <30	0.023	0.028
30 - 34	0.028	0.032
35 - 39	0.037	0.042
40 - 44	0.060	0.065
45 - 49	0.097	0.106
50 - 54	0.166	0.180
55 - 59	0.263	0.286
60 - 64	0.346	0.383
Over 65	0.558	0.609

Child rate is \$.03 per \$1,000 per child.