

2016 Monthly insurance premiums for active employees

	Savings	Standard	TRICARE Supp	Dental	Dental Plus	Vision
Employee only	\$9.70	\$97.68	\$62.50	\$0.00	\$25.96	\$7.00
Employee/spouse	\$77.40	\$253.36	\$121.50	\$7.64	\$52.46	\$14.00
Employee/children	\$20.48	\$143.86	\$121.50	\$13.72	\$60.50	\$14.98
Full family	\$113.00	\$306.56	\$162.50	\$21.34	\$78.60	\$21.98

Tobacco surcharge	
Single coverage	\$40.00
Non-single coverage	\$60.00

Employer rates				
	Health	Dental	Life	LTD
Employee only	\$360.10	\$11.72	\$0.28	\$3.22
Employee/spouse	\$713.26	\$11.72	\$0.28	\$3.22
Employee/children	\$552.68	\$11.72	\$0.28	\$3.22
Full family	\$893.04	\$11.72	\$0.28	\$3.22

Supplemental long term disability		
Age	90-day	180-day
< 31	0.00056	0.00045
31-40	0.00078	0.00060
41-50	0.00154	0.00117
51-60	0.00311	0.00239
61-65	0.00374	0.00287
> 65	0.00457	0.00351

How to calculate SLTD monthly premium

1. Select floating decimal (F) on calculator
2. Divide gross annual salary by 12 to determine monthly salary
3. Multiply monthly salary by rate factor from table
4. Drop digits to right of two decimal places; do not round
5. If number is even, this is the monthly premium
6. If number is odd, add .01 to determine monthly premium

Dependent life	
\$15,000	\$1.10

2016 Monthly insurance premiums for permanent, part-time teachers

Category I. 15-19 hours								
	Employee						Employer	
	Savings	Standard	TRICARE Supp	Dental	Dental Plus	Vision	Health	Dental
Employee only	\$189.74	\$277.72	\$62.50	\$5.86	\$25.96	\$7.00	\$180.06	\$5.86
Employee/spouse	\$434.02	\$609.98	\$121.50	\$13.50	\$52.46	\$14.00	\$356.64	\$5.86
Employee/children	\$296.82	\$420.20	\$121.50	\$19.58	\$60.50	\$14.98	\$276.34	\$5.86
Full family	\$559.52	\$753.08	\$162.50	\$27.20	\$78.60	\$21.98	\$446.52	\$5.86

Category II. 20-24 hours								
	Employee						Employer	
	Savings	Standard	TRICARE Supp	Dental	Dental Plus	Vision	Health	Dental
Employee only	\$128.52	\$216.50	\$62.50	\$3.86	\$25.96	\$7.00	\$241.28	\$7.86
Employee/spouse	\$312.78	\$488.74	\$121.50	\$11.50	\$52.46	\$14.00	\$477.88	\$7.86
Employee/children	\$202.86	\$326.24	\$121.50	\$17.58	\$60.50	\$14.98	\$370.30	\$7.86
Full family	\$407.70	\$601.26	\$162.50	\$25.20	\$78.60	\$21.98	\$598.34	\$7.86

Category III. 25-29 hours								
	Employee						Employer	
	Savings	Standard	TRICARE Supp	Dental	Dental Plus	Vision	Health	Dental
Employee only	\$70.92	\$158.90	\$62.50	\$2.00	\$25.96	\$7.00	\$298.88	\$9.72
Employee/spouse	\$198.64	\$374.60	\$121.50	\$9.64	\$52.46	\$14.00	\$592.02	\$9.72
Employee/children	\$114.44	\$237.82	\$121.50	\$15.72	\$60.50	\$14.98	\$458.72	\$9.72
Full family	\$264.82	\$458.38	\$162.50	\$23.34	\$78.60	\$21.98	\$741.22	\$9.72

Tobacco surcharge	
Single coverage	\$40.00
Non-single coverage	\$60.00

2016 Monthly insurance premiums for funded retirees

Retiree eligible for Medicare/spouse eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Subscriber only	N/A	\$79.68	\$97.68	N/A	\$0.00	\$25.96	\$7.00	\$40.00
Subscriber/spouse	N/A	\$217.36	\$253.36	N/A	\$7.64	\$52.46	\$14.00	\$60.00
Subscriber/children	N/A	\$125.86	\$143.86	N/A	\$13.72	\$60.50	\$14.98	\$60.00
Full family	N/A	\$270.56	\$306.56	N/A	\$21.34	\$78.60	\$21.98	\$60.00

Retiree eligible for Medicare/spouse not eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Subscriber only	N/A	N/A	N/A	N/A	\$0.00	\$25.96	\$7.00	N/A
Subscriber/spouse	N/A	\$235.36	\$253.36	N/A	\$7.64	\$52.46	\$14.00	\$60.00
Subscriber/children	N/A	N/A	N/A	N/A	\$13.72	\$60.50	\$14.98	N/A
Full family	N/A	\$281.54	\$299.54	N/A	\$21.34	\$78.60	\$21.98	\$60.00

Retiree not eligible for Medicare/spouse eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Subscriber only	N/A	N/A	N/A	N/A	\$0.00	\$25.96	\$7.00	N/A
Subscriber/spouse	\$77.40	\$235.36	\$253.36	N/A	\$7.64	\$52.46	\$14.00	\$60.00
Subscriber/children	N/A	N/A	N/A	N/A	\$13.72	\$60.50	\$14.98	N/A
Full family	\$113.00	\$281.54	\$299.54	N/A	\$21.34	\$78.60	\$21.98	\$60.00

Retiree not eligible for Medicare/spouse not eligible for Medicare/children not eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Subscriber only	\$9.70	\$97.68	N/A	\$62.50	\$0.00	\$25.96	\$7.00	\$40.00
Subscriber/spouse	\$77.40	\$253.36	N/A	\$121.50	\$7.64	\$52.46	\$14.00	\$60.00
Subscriber/children	\$20.48	\$143.86	N/A	\$121.50	\$13.72	\$60.50	\$14.98	\$60.00
Full family	\$113.00	\$306.56	N/A	\$162.50	\$21.34	\$78.60	\$21.98	\$60.00

Retiree not eligible for Medicare/spouse not eligible for Medicare/one or more children eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Subscriber only	N/A	N/A	N/A	N/A	\$0.00	\$25.96	\$7.00	N/A
Subscriber/spouse	N/A	N/A	N/A	N/A	\$7.64	\$52.46	\$14.00	N/A
Subscriber/children	\$20.48	\$143.86	\$161.86	N/A	\$13.72	\$60.50	\$14.98	\$60.00
Full family	\$113.00	\$306.56	\$324.56	N/A	\$21.34	\$78.60	\$21.98	\$60.00

2016 Monthly insurance premiums for non-funded retirees

Retiree eligible for Medicare/spouse eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Subscriber only	N/A	\$439.78	\$457.78	N/A	\$11.72	\$25.96	\$7.00	\$40.00
Subscriber/spouse	N/A	\$930.62	\$966.62	N/A	\$19.36	\$52.46	\$14.00	\$60.00
Subscriber/children	N/A	\$678.54	\$696.54	N/A	\$25.44	\$60.50	\$14.98	\$60.00
Full family	N/A	\$1,163.60	\$1,199.60	N/A	\$33.06	\$78.60	\$21.98	\$60.00

Retiree eligible for Medicare/spouse not eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Subscriber only	N/A	N/A	N/A	N/A	\$11.72	\$25.96	\$7.00	N/A
Subscriber/spouse	N/A	\$948.62	\$966.62	N/A	\$19.36	\$52.46	\$14.00	\$60.00
Subscriber/children	N/A	N/A	N/A	N/A	\$25.44	\$60.50	\$14.98	N/A
Full family	N/A	\$1,174.58	\$1,192.58	N/A	\$33.06	\$78.60	\$21.98	\$60.00

Retiree not eligible for Medicare/spouse eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Subscriber only	N/A	N/A	N/A	N/A	\$11.72	\$25.96	\$7.00	N/A
Subscriber/spouse	\$790.66	\$948.62	\$966.62	N/A	\$19.36	\$52.46	\$14.00	\$60.00
Subscriber/children	N/A	N/A	N/A	N/A	\$25.44	\$60.50	\$14.98	N/A
Full family	\$1,006.04	\$1,174.58	\$1,192.58	N/A	\$33.06	\$78.60	\$21.98	\$60.00

Retiree not eligible for Medicare/spouse not eligible for Medicare/children not eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Subscriber only	\$369.80	\$457.78	N/A	\$62.50	\$11.72	\$25.96	\$7.00	\$40.00
Subscriber/spouse	\$790.66	\$966.62	N/A	\$121.50	\$19.36	\$52.46	\$14.00	\$60.00
Subscriber/children	\$573.16	\$696.54	N/A	\$121.50	\$25.44	\$60.50	\$14.98	\$60.00
Full family	\$1,006.04	\$1,199.60	N/A	\$162.50	\$33.06	\$78.60	\$21.98	\$60.00

Retiree not eligible for Medicare/spouse not eligible for Medicare/one or more children eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Subscriber only	N/A	N/A	N/A	N/A	\$11.72	\$25.96	\$7.00	N/A
Subscriber/spouse	N/A	N/A	N/A	N/A	\$19.36	\$52.46	\$14.00	N/A
Subscriber/children	\$573.16	\$696.54	\$714.54	N/A	\$25.44	\$60.50	\$14.98	\$60.00
Full family	\$1,006.04	\$1,199.60	\$1,217.60	N/A	\$33.06	\$78.60	\$21.98	\$60.00

2016 Monthly insurance premiums for funded survivors

Spouse eligible for Medicare/children eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Spouse only	N/A	\$79.68	\$97.68	N/A	\$0.00	\$25.96	\$7.00	\$40.00
Spouse/children	N/A	\$125.86	\$161.86	N/A	\$13.72	\$60.50	\$14.98	\$60.00
Children only	N/A	\$46.18	\$64.18*	N/A	\$13.72	\$34.54	\$7.98	\$40.00

Spouse eligible for Medicare/children not eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Spouse only	N/A	\$79.68	\$97.68	N/A	\$0.00	\$25.96	\$7.00	\$40.00
Spouse/children	N/A	\$125.86	\$143.86	N/A	\$13.72	\$60.50	\$14.98	\$60.00
Children only	\$10.78	\$46.18	N/A	N/A	\$13.72	\$34.54	\$7.98	\$40.00

Spouse not eligible for Medicare/children eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Spouse only	\$9.70	\$97.68	N/A	N/A	\$0.00	\$25.96	\$7.00	\$40.00
Spouse/children	\$20.48	\$143.86	\$161.86*	N/A	\$13.72	\$60.50	\$14.98	\$60.00
Children only	N/A	\$46.18	\$64.18*	N/A	\$13.72	\$34.54	\$7.98	\$40.00

Spouse not eligible for Medicare/children not eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Spouse only	\$9.70	\$97.68	N/A	\$62.50	\$0.00	\$25.96	\$7.00	\$40.00
Spouse/children	\$20.48	\$143.86	N/A	\$121.50	\$13.72	\$60.50	\$14.98	\$60.00
Children only	\$10.78	\$46.18	N/A	\$61.00	\$13.72	\$34.54	\$7.98	\$40.00

*This premium applies only if one or more children are eligible for Medicare.

2016 Monthly insurance premiums for non-funded survivors

Spouse eligible for Medicare/children eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Spouse only	N/A	\$439.78	\$457.78	N/A	\$11.72	\$25.96	\$7.00	\$40.00
Spouse/children	N/A	\$678.54	\$714.54	N/A	\$25.44	\$60.50	\$14.98	\$60.00
Children only	N/A	\$238.76	\$256.76*	N/A	\$13.72	\$34.54	\$7.98	\$40.00

Spouse eligible for Medicare/children not eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Spouse only	N/A	\$439.78	\$457.78	N/A	\$11.72	\$25.96	\$7.00	\$40.00
Spouse/children	N/A	\$678.54	\$696.54	N/A	\$25.44	\$60.50	\$14.98	\$60.00
Children only	\$203.36	\$238.76	N/A	N/A	\$13.72	\$34.54	\$7.98	\$40.00

Spouse not eligible for Medicare/children eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Spouse only	\$369.80	\$457.78	N/A	N/A	\$11.72	\$25.96	\$7.00	\$40.00
Spouse/children	\$573.16	\$696.54	\$714.54*	N/A	\$25.44	\$60.50	\$14.98	\$60.00
Children only	N/A	\$238.76	\$256.76*	N/A	\$13.72	\$34.54	\$7.98	\$40.00

Spouse not eligible for Medicare/children not eligible for Medicare								
	Savings	Standard	Medicare Supp	TRICARE Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Spouse only	\$369.80	\$457.78	N/A	\$62.50	\$11.72	\$25.96	\$7.00	\$40.00
Spouse/children	\$573.16	\$696.54	N/A	\$121.50	\$25.44	\$60.50	\$14.98	\$60.00
Children only	\$203.36	\$238.76	N/A	\$61.00	\$13.72	\$34.54	\$7.98	\$40.00

*This premium applies only if one or more children are eligible for Medicare.

2016 Monthly insurance premiums for COBRA

18 and 36 months							
	Savings	Standard	Medicare Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Subscriber only	\$377.20	\$466.94	\$466.94	\$11.95	\$26.48	\$7.14	\$40.00
Subscriber/spouse	\$806.48	\$985.96	\$985.96	\$19.75	\$53.52	\$14.28	\$60.00
Subscriber/children	\$584.62	\$710.48	\$710.48	\$25.95	\$61.72	\$15.28	\$60.00
Full family	\$1,026.16	\$1,223.60	\$1,223.60	\$33.72	\$80.18	\$22.42	\$60.00
Children only	\$207.42	\$243.54	\$243.54	\$14.00	\$35.24	\$8.14	\$40.00

29 months*							
	Savings	Standard	Medicare Supp	Dental	Dental Plus	Vision	Tobacco surcharge
Subscriber only	\$554.70	\$686.68	\$686.68	\$11.95	\$26.48	\$7.14	\$40.00
Subscriber/spouse	\$1,186.00	\$1,449.94	\$1,449.94	\$19.75	\$53.52	\$14.28	\$60.00
Subscriber/children	\$859.74	\$1,044.82	\$1,044.82	\$25.95	\$61.72	\$15.28	\$60.00
Full family	\$1,509.06	\$1,799.40	\$1,799.40	\$33.72	\$80.18	\$22.42	\$60.00
Children only	\$305.04	\$358.14	\$358.14	\$14.00	\$35.24	\$8.14	\$40.00

*These rates go into effect in the 19th month of coverage.

2016 Monthly premiums for Optional Life and Dependent-Life Spouse

Optional Life premiums are determined by your age on the preceding December 31 and the amount of insurance you select. Premiums for Dependent Life-Spouse coverage are the same as the Optional Life premiums, which are based on the employee's age. Premiums are the same for retirees, regardless of age or effective date.

Monthly premiums for subscribers through age 69¹

Coverage	Subscriber's age ²							
	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	\$0.52	\$0.68	\$0.76	\$1.08	\$1.70	\$2.96	\$5.48	\$11.60
\$20,000	\$1.04	\$1.36	\$1.52	\$2.16	\$3.40	\$5.92	\$10.96	\$23.20
\$30,000	\$1.56	\$2.04	\$2.28	\$3.24	\$5.10	\$8.88	\$16.44	\$34.80
\$40,000	\$2.08	\$2.72	\$3.04	\$4.32	\$6.80	\$11.84	\$21.92	\$46.40
\$50,000	\$2.60	\$3.40	\$3.80	\$5.40	\$8.50	\$14.80	\$27.40	\$58.00
\$60,000	\$3.12	\$4.08	\$4.56	\$6.48	\$10.20	\$17.76	\$32.88	\$69.60
\$70,000	\$3.64	\$4.76	\$5.32	\$7.56	\$11.90	\$20.72	\$38.36	\$81.20
\$80,000	\$4.16	\$5.44	\$6.08	\$8.64	\$13.60	\$23.68	\$43.84	\$92.80
\$90,000	\$4.68	\$6.12	\$6.84	\$9.72	\$15.30	\$26.64	\$49.32	\$104.40
\$100,000	\$5.20	\$6.80	\$7.60	\$10.80	\$17.00	\$29.60	\$54.80	\$116.00
\$110,000	\$5.72	\$7.48	\$8.36	\$11.88	\$18.70	\$32.56	\$60.28	\$127.60
\$120,000	\$6.24	\$8.16	\$9.12	\$12.96	\$20.40	\$35.52	\$65.76	\$139.20
\$130,000	\$6.76	\$8.84	\$9.88	\$14.04	\$22.10	\$38.48	\$71.24	\$150.80
\$140,000	\$7.28	\$9.52	\$10.64	\$15.12	\$23.80	\$41.44	\$76.72	\$162.40
\$150,000	\$7.80	\$10.20	\$11.40	\$16.20	\$25.50	\$44.40	\$82.20	\$174.00
\$160,000	\$8.32	\$10.88	\$12.16	\$17.28	\$27.20	\$47.36	\$87.68	\$185.60

	Subscriber's age ²							
Coverage	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$170,000	\$8.84	\$11.56	\$12.92	\$18.36	\$28.90	\$50.32	\$93.16	\$197.20
\$180,000	\$9.36	\$12.24	\$13.68	\$19.44	\$30.60	\$53.28	\$98.64	\$208.80
\$190,000	\$9.88	\$12.92	\$14.44	\$20.52	\$32.30	\$56.24	\$104.12	\$220.40
\$200,000	\$10.40	\$13.60	\$15.20	\$21.60	\$34.00	\$59.20	\$109.60	\$232.00
\$210,000	\$10.92	\$14.28	\$15.96	\$22.68	\$35.70	\$62.16	\$115.08	\$243.60
\$220,000	\$11.44	\$14.96	\$16.72	\$23.76	\$37.40	\$65.12	\$120.56	\$255.20
\$230,000	\$11.96	\$15.64	\$17.48	\$24.84	\$39.10	\$68.08	\$126.04	\$266.80
\$240,000	\$12.48	\$16.32	\$18.24	\$25.92	\$40.80	\$71.04	\$131.52	\$278.40
\$250,000	\$13.00	\$17.00	\$19.00	\$27.00	\$42.50	\$74.00	\$137.00	\$290.00
\$260,000	\$13.52	\$17.68	\$19.76	\$28.08	\$44.20	\$76.96	\$142.48	\$301.60
\$270,000	\$14.04	\$18.36	\$20.52	\$29.16	\$45.90	\$79.92	\$147.96	\$313.20
\$280,000	\$14.56	\$19.04	\$21.28	\$30.24	\$47.60	\$82.88	\$153.44	\$324.80
\$290,000	\$15.08	\$19.72	\$22.04	\$31.32	\$49.30	\$85.84	\$158.92	\$336.40
\$300,000	\$15.60	\$20.40	\$22.80	\$32.40	\$51.00	\$88.80	\$164.40	\$348.00
\$310,000	\$16.12	\$21.08	\$23.56	\$33.48	\$52.70	\$91.76	\$169.88	\$359.60
\$320,000	\$16.64	\$21.76	\$24.32	\$34.56	\$54.40	\$94.72	\$175.36	\$371.20
\$330,000	\$17.16	\$22.44	\$25.08	\$35.64	\$56.10	\$97.68	\$180.84	\$382.80
\$340,000	\$17.68	\$23.12	\$25.84	\$36.72	\$57.80	\$100.64	\$186.32	\$394.40
\$350,000	\$18.20	\$23.80	\$26.60	\$37.80	\$59.50	\$103.60	\$191.80	\$406.00
\$360,000	\$18.72	\$24.48	\$27.36	\$38.88	\$61.20	\$106.56	\$197.28	\$417.60
\$370,000	\$19.24	\$25.16	\$28.12	\$39.96	\$62.90	\$109.52	\$202.76	\$429.20
\$380,000	\$19.76	\$25.84	\$28.88	\$41.04	\$64.60	\$112.48	\$208.24	\$440.80
\$390,000	\$20.28	\$26.52	\$29.64	\$42.12	\$66.30	\$115.44	\$213.72	\$452.40
\$400,000	\$20.80	\$27.20	\$30.40	\$43.20	\$68.00	\$118.40	\$219.20	\$464.00
\$410,000	\$21.32	\$27.88	\$31.16	\$44.28	\$69.70	\$121.36	\$224.68	\$475.60
\$420,000	\$21.84	\$28.56	\$31.92	\$45.36	\$71.40	\$124.32	\$230.16	\$487.20

Coverage	Subscriber's age ²							
	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$430,000	\$22.36	\$29.24	\$32.68	\$46.44	\$73.10	\$127.28	\$235.64	\$498.80
\$440,000	\$22.88	\$29.92	\$33.44	\$47.52	\$74.80	\$130.24	\$241.12	\$510.40
\$450,000	\$23.40	\$30.60	\$34.20	\$48.60	\$76.50	\$133.20	\$246.60	\$522.00
\$460,000	\$23.92	\$31.28	\$34.96	\$49.68	\$78.20	\$136.16	\$252.08	\$533.60
\$470,000	\$24.44	\$31.96	\$35.72	\$50.76	\$79.90	\$139.12	\$257.56	\$545.20
\$480,000	\$24.96	\$32.64	\$36.48	\$51.84	\$81.60	\$142.08	\$263.04	\$556.80
\$490,000	\$25.48	\$33.32	\$37.24	\$52.92	\$83.30	\$145.04	\$268.52	\$568.40
\$500,000	\$26.00	\$34.00	\$38.00	\$54.00	\$85.00	\$148.00	\$274.00	\$580.00

¹Premium includes Accidental Death and Dismemberment coverage only for active employees and covered spouses of active employees.

²Premiums for the spouse's coverage will be based on the active employee's age. Spouse's coverage cannot exceed 50 percent of the active employee's Optional Life coverage or \$100,000, whichever is less.

Monthly premiums for subscribers age 70 and older¹

Retiree coverage ends at age 75

Coverage	Coverage 65%	Ages 70-74	Coverage 42%	Ages 75-79	Coverage 31.17%	Ages 80+
\$10,000	\$6,500	\$13.02	\$4,200	\$13.68	\$3,170	\$17.26
\$20,000	\$13,000	\$26.04	\$8,400	\$27.36	\$6,340	\$34.50
\$30,000	\$19,500	\$39.04	\$12,600	\$41.04	\$9,510	\$51.76
\$40,000	\$26,000	\$52.06	\$16,800	\$54.70	\$12,680	\$69.00
\$50,000	\$32,500	\$65.08	\$21,000	\$68.38	\$15,850	\$86.26
\$60,000	\$39,000	\$78.08	\$25,200	\$82.06	\$19,020	\$103.52
\$70,000	\$45,500	\$91.10	\$29,400	\$95.74	\$22,190	\$120.76
\$80,000	\$52,000	\$104.10	\$33,600	\$109.40	\$25,360	\$138.02
\$90,000	\$58,500	\$117.12	\$37,800	\$123.08	\$28,530	\$155.26
\$100,000	\$65,000	\$130.14	\$42,000	\$136.76	\$31,700	\$172.52
\$110,000	\$71,500	\$143.14	\$46,200	\$150.44	\$34,870	\$189.76
\$120,000	\$78,000	\$156.16	\$50,400	\$164.10	\$38,040	\$207.02

Coverage	Coverage 65%	Ages 70-74	Coverage 42%	Ages 75-79	Coverage 31.17%	Ages 80+
\$130,000	\$84,500	\$169.18	\$54,600	\$177.78	\$41,210	\$224.26
\$140,000	\$91,000	\$182.18	\$58,800	\$191.46	\$44,380	\$241.52
\$150,000	\$97,500	\$195.20	\$63,000	\$205.14	\$47,550	\$258.78
\$160,000	\$104,000	\$208.22	\$67,200	\$218.80	\$50,720	\$276.02
\$170,000	\$110,500	\$221.22	\$71,400	\$232.48	\$53,890	\$293.28
\$180,000	\$117,000	\$234.24	\$75,600	\$246.16	\$57,060	\$310.52
\$190,000	\$123,500	\$247.26	\$79,800	\$259.84	\$60,230	\$327.78
\$200,000	\$130,000	\$260.26	\$84,000	\$273.50	\$63,400	\$345.02
\$210,000	\$136,500	\$273.28	\$88,200	\$287.18	\$66,570	\$362.28
\$220,000	\$143,000	\$286.30	\$92,400	\$300.86	\$69,740	\$379.54
\$230,000	\$149,500	\$299.30	\$96,600	\$314.54	\$72,910	\$396.78
\$240,000	\$156,000	\$312.32	\$100,800	\$328.20	\$76,080	\$414.04
\$250,000	\$162,500	\$325.34	\$105,000	\$341.88	\$79,250	\$431.28
\$260,000	\$169,000	\$338.34	\$109,200	\$355.56	\$82,420	\$448.54
\$270,000	\$175,500	\$351.36	\$113,400	\$369.24	\$85,590	\$465.78
\$280,000	\$182,000	\$364.36	\$117,600	\$382.92	\$88,760	\$483.04
\$290,000	\$188,500	\$377.38	\$121,800	\$396.58	\$91,930	\$500.28
\$300,000	\$195,000	\$390.40	\$126,000	\$410.26	\$95,100	\$517.54
\$310,000	\$201,500	\$403.40	\$130,200	\$423.94	\$98,270	\$534.80
\$320,000	\$208,000	\$416.42	\$134,400	\$437.62	\$101,440	\$552.04
\$330,000	\$214,500	\$429.44	\$138,600	\$451.28	\$104,610	\$569.30
\$340,000	\$221,000	\$442.44	\$142,800	\$464.96	\$107,780	\$586.54
\$350,000	\$227,500	\$455.46	\$147,000	\$478.64	\$110,950	\$603.80
\$360,000	\$234,000	\$468.48	\$151,200	\$492.32	\$114,120	\$621.04
\$370,000	\$240,500	\$481.48	\$155,400	\$505.98	\$117,290	\$638.30
\$380,000	\$247,000	\$494.50	\$159,600	\$519.66	\$120,460	\$655.54
\$390,000	\$253,500	\$507.52	\$163,800	\$533.34	\$123,630	\$672.80

Coverage	Coverage 65%	Ages 70-74	Coverage 42%	Ages 75-79	Coverage 31.17%	Ages 80+
\$400,000	\$260,000	\$520.52	\$168,000	\$547.02	\$126,800	\$690.06
\$410,000	\$266,500	\$533.54	\$172,200	\$560.68	\$129,970	\$707.30
\$420,000	\$273,000	\$546.56	\$176,400	\$574.36	\$133,140	\$724.56
\$430,000	\$279,500	\$559.56	\$180,600	\$588.04	\$136,310	\$741.80
\$440,000	\$286,000	\$572.58	\$184,800	\$601.72	\$139,480	\$759.06
\$450,000	\$292,500	\$585.60	\$189,000	\$615.38	\$142,650	\$776.30
\$460,000	\$299,000	\$598.60	\$193,200	\$629.06	\$145,820	\$793.56
\$470,000	\$305,500	\$611.62	\$197,400	\$642.74	\$148,990	\$810.80
\$480,000	\$312,000	\$624.62	\$201,600	\$656.42	\$152,160	\$828.06
\$490,000	\$318,500	\$637.64	\$205,800	\$670.08	\$155,330	\$845.32
\$500,000	\$325,000	\$650.66	\$210,000	\$683.76	\$158,500	\$862.56

¹Premium includes Accidental Death and Dismemberment coverage only for active employees and covered spouses of active employees.

Please note: For subscribers who retired on or after January 1, 1994, up to December 31, 1998, coverage terminates at age 70, with an option to convert the coverage at that time.

Monthly premiums for Dependent-Life-Child

The monthly premium for Dependent Life-Child coverage is \$1.10, regardless of the number of children covered.