

The premium rates are in effect as of June 27, 2021 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	\$0.1129	\$0.0564
Accidental Death and Dismemberment (AD&D)	\$0.008	\$0.004

### 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 27, 2021**

### HEALTH BENEFIT PLANS - *BI-WEEKLY RATE*

	EMPLOYER	EMPLOYEE
<b>Dental — Core</b>		
Single	\$22.43	\$0.00
Family	\$53.80	\$0.00
<b>Dental — Enhanced</b>		
Single	\$22.43	\$5.92
Family	\$53.80	\$14.25
<b>Prescription Drugs — Core</b>		
Single	\$13.36	\$13.36
Family	\$24.82	\$24.82
<b>Prescription Drugs — Enhanced</b>		
Single	\$13.36	\$17.65
Family	\$24.82	\$30.78
<b>Extended Medical — Core</b>		
Single	\$9.24	\$9.24
Family	\$15.75	\$15.75
<b>Extended Medical — Enhanced</b>		
Single	\$9.24	\$20.57
Family	\$15.75	\$39.88

### LONG TERM DISABILITY

Percent of Insurable Salary: 1.00% — employee  
 1.00% — employer