

Monthly Premiums

Effective Sept. 1, 2013

Basic Life

The premium for this plan is usually paid by the employer contribution.
Basic Life \$3.97 Alternate Basic Life \$.529 per \$1,000

Health

The following chart applies to you if you are a **full-time employee** (work at least 40 hours per week):

	Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family	
	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care	\$472.95	\$ 19.78	\$945.92	\$256.26	\$804.03	\$185.32	\$1,135.09	\$350.85

The following chart applies to you if you are a **part-time employee** (work 20 to 39 hours per week):

	Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family	
	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care	\$472.95	\$248.35	\$945.92	\$603.08	\$804.03	\$496.66	\$1,135.09	\$744.95
Graduate Student Health Plan	\$106.42	\$0.00	\$429.92	\$87.08	\$282.42	\$0.00	\$605.92	\$215.78

Dental

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
A&M Dental PPO	\$29.41	\$58.82	\$61.76	\$94.11
DeltaCare USA Dental HMO	\$20.71	\$36.84	\$37.12	\$57.68

Vision

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
	\$6.32	\$13.44	\$10.38	\$18.50

Optional Life

If your birthday falls between 9-1-13 and 2-28-14 and you will move to a higher cost category, you must pay the higher premium for the entire year. *Monthly rate per \$1,000:*

Age	No-tobacco rate	Tobacco rate	Age	No-tobacco rate	Tobacco rate
under 20	\$.05	\$.06	45-49	\$.12	\$.15
20-24	.05	.06	50-54	.19	.24
25-29	.05	.07	55-59	.35	.45
30-34	.05	.08	60-64	.54	.69
35-39	.06	.09	65-69	.72	1.31
40-44	.07	.10	70-74	1.37	2.12
			75 and older	1.91	2.17

Dependent Life

Plan A: Spouse: Employee age-based rate per \$1,000 of coverage; Child: \$.06 per 1,000 of coverage
Plan B: \$1.37/month (flat rate)
Plan C: 1/2 Alternate Basic Life premium; (1/10 if no spouse is covered)

AD&D

Monthly rate per \$10,000:	Employee Only	Employee & Family
	\$.14	\$.24

Long-Term Disability

Monthly rate per \$100/monthly pay:	Non-tobacco rate	Tobacco rate
	\$.192	\$.249

Flexible Spending Account Debit Card (Health Care Account only)

\$9.00/year