

# Premiums

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Premiums

## 2010 Active Employee and Funded Retiree Health, Dental, Dental Plus and Vision Premiums

2010 Active Employee Monthly Premiums <sup>1</sup>						Tobacco users will pay a \$25-per-month surcharge in addition to health premiums	
	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>2</sup>	State Vision Plan
Employee	\$ 9.28	\$ 93.46	\$185.56	\$251.94	\$ 0.00	\$22.04	\$ 7.76
Employee/spouse	\$ 72.56	\$237.50	\$508.78	\$608.42	\$ 7.64	\$41.72	\$15.52
Employee/children	\$ 20.28	\$142.46	\$382.66	\$518.08	\$13.72	\$45.54	\$16.48
Full family	\$108.56	\$294.58	\$741.22	\$930.84	\$21.34	\$65.22	\$24.24

<sup>1</sup> Rates for employees of local subdivisions may vary. To verify your rates, contact your benefits office.  
<sup>2</sup> If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You pay the combined premiums for the plans.

2010 Monthly Employer Contributions <sup>1</sup>				
	Health	Dental	Life	LTD
Employee	\$260.90	\$ 11.71	\$0.33	\$3.23
Employee/spouse	\$514.70	\$ 11.71	\$0.33	\$3.23
Employee/children	\$369.14	\$ 11.71	\$0.33	\$3.23
Full family	\$602.56	\$ 11.71	\$0.33	\$3.23

<sup>1</sup> Rates for employers of local subdivisions may vary. To check these rates, contact your benefits office.

2010 Regular Retiree (State-funded Benefits) Monthly Premiums <sup>1</sup>						Tobacco users will pay a \$25-per-month surcharge in addition to health premiums		
(Retiree eligible for Medicare/spouse eligible for Medicare)								
	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>3</sup>	State Vision Plan
Retiree	N/A	\$ 75.46	\$ 93.46	\$185.56	\$251.94	\$ 0.00	\$22.04	\$ 7.76
Retiree/spouse	N/A	\$201.50	\$237.50	\$508.78	\$608.42	\$ 7.64	\$41.72	\$15.52
Retiree/children	N/A	\$124.46	\$142.46	\$382.66	\$518.08	\$13.72	\$45.54	\$16.48
Full family	N/A	\$258.58	\$294.58	\$741.22	\$930.84	\$21.34	\$65.22	\$24.24
(Retiree eligible for Medicare/spouse <b>not</b> eligible for Medicare)								
	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>3</sup>	State Vision Plan
Retiree/spouse	N/A	\$219.50	\$237.50	\$508.78	\$608.42	\$ 7.64	\$41.72	\$15.52
Full family	N/A	\$268.50	\$286.50	\$741.22	\$930.84	\$21.34	\$65.22	\$24.24
(Retiree <b>not</b> eligible for Medicare/spouse eligible for Medicare)								
	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>3</sup>	State Vision Plan
Retiree/spouse	\$ 72.56	\$219.50	\$237.50	\$508.78	\$608.42	\$ 7.64	\$41.72	\$15.52
Full family	\$108.56	\$268.50	\$286.50	\$741.22	\$930.84	\$21.34	\$65.22	\$24.24
(Retiree <b>not</b> eligible for Medicare/spouse <b>not</b> eligible for Medicare)								
	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>3</sup>	State Vision Plan
Retiree	\$ 9.28	\$ 93.46	N/A	\$185.56	\$251.94	\$ 0.00	\$22.04	\$ 7.76
Retiree/spouse	\$ 72.56	\$237.50	N/A	\$508.78	\$608.42	\$ 7.64	\$41.72	\$15.52
Retiree/children	\$ 20.28	\$142.46	N/A	\$382.66	\$518.08	\$13.72	\$45.54	\$16.48
Full family	\$108.56	\$294.58	N/A	\$741.22	\$930.84	\$21.34	\$65.22	\$24.24
(Retiree <b>not</b> eligible for Medicare/spouse <b>not</b> eligible for Medicare/one or more children eligible for Medicare)								
	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>3</sup>	State Vision Plan
Retiree/children	\$ 20.28	\$142.46	\$160.46	\$382.66	\$518.08	\$13.72	\$45.54	\$16.48
Full family	\$108.56	\$294.58	\$312.58	\$741.22	\$930.84	\$21.34	\$65.22	\$24.24

<sup>1</sup> Rates for local subdivisions may vary. To verify your rates, contact your benefits office.  
<sup>2</sup> If the Medicare Supplemental Plan is elected, claims for covered persons not eligible for Medicare will be based on the Standard Plan provisions.  
<sup>3</sup> If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You pay the combined premiums for the plans.

Premiums

# 2010 Non-funded Retiree and COBRA

## Health, Dental, Dental Plus and Vision Premiums

2010 Retiree Full Cost (Non-funded) Monthly Premiums <sup>1</sup> (Retiree eligible for Medicare/spouse eligible for Medicare)							Tobacco users will pay a \$25-per-month surcharge in addition to health premiums	
	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>3</sup>	State Vision Plan
Retiree	N/A	\$336.36	\$354.36	\$ 446.46	\$ 512.84	\$11.71	\$22.04	\$ 7.76
Retiree/spouse	N/A	\$716.20	\$752.20	\$1,023.48	\$1,123.12	\$19.35	\$41.72	\$15.52
Retiree/children	N/A	\$493.60	\$511.60	\$ 751.80	\$ 887.22	\$25.43	\$45.54	\$16.48
Full family	N/A	\$861.14	\$897.14	\$1,343.78	\$1,533.40	\$33.05	\$65.22	\$24.24
(Retiree eligible for Medicare/spouse <b>not</b> eligible for Medicare)								
	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>3</sup>	State Vision Plan
Retiree/spouse	N/A	\$734.20	\$752.20	\$1,023.48	\$1,123.12	\$19.35	\$41.72	\$15.52
Full family	N/A	\$871.06	\$889.06	\$1,343.78	\$1,533.40	\$33.05	\$65.22	\$24.24
(Retiree <b>not</b> eligible for Medicare/spouse eligible for Medicare)								
	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>3</sup>	State Vision Plan
Retiree/spouse	\$587.26	\$734.20	\$752.20	\$1,023.48	\$1,123.12	\$19.35	\$41.72	\$15.52
Full family	\$711.12	\$871.06	\$889.06	\$1,343.78	\$1,533.40	\$33.05	\$65.22	\$24.24
(Retiree <b>not</b> eligible for Medicare/spouse <b>not</b> eligible for Medicare)								
	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>3</sup>	State Vision Plan
Retiree	\$270.18	\$354.36	N/A	\$ 446.46	\$ 512.84	\$11.71	\$22.04	\$ 7.76
Retiree/spouse	\$587.26	\$752.20	N/A	\$1,023.48	\$1,123.12	\$19.35	\$41.72	\$15.52
Retiree/children	\$389.42	\$511.60	N/A	\$ 751.80	\$ 887.22	\$25.43	\$45.54	\$16.48
Full family	\$711.12	\$897.14	N/A	\$1,343.78	\$1,533.40	\$33.05	\$65.22	\$24.24
(Retiree <b>not</b> eligible for Medicare/spouse <b>not</b> eligible for Medicare/one or more children eligible for Medicare)								
	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>3</sup>	State Vision Plan
Retiree/children	\$389.42	\$511.60	\$529.60	\$ 751.80	\$ 887.22	\$25.43	\$45.54	\$16.48
Full family	\$711.12	\$897.14	\$915.14	\$1,343.78	\$1,533.40	\$33.05	\$65.22	\$24.24

<sup>1</sup> Rates for local subdivisions may vary. To verify your rates, contact your benefits office.  
<sup>2</sup> If the Medicare Supplemental Plan is elected, claims for covered persons not eligible for Medicare will be based on the Standard Plan provisions.  
<sup>3</sup> If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You pay the combined premiums for the plans.

Premiums

2010 COBRA Monthly Premiums 18 and 36 months							Tobacco users will pay a \$25-per-month surcharge in addition to health premiums	
	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>1</sup>	State Vision Plan	
Subscriber	\$275.58	\$361.46	\$ 455.40	\$ 523.10	\$11.94	\$22.48	\$ 7.92	
Subscriber/spouse	\$599.02	\$767.24	\$1,043.96	\$1,145.58	\$19.74	\$42.56	\$15.84	
Subscriber/children	\$397.22	\$521.84	\$ 766.84	\$ 904.96	\$25.94	\$46.46	\$16.82	
Full family	\$725.34	\$915.08	\$1,370.66	\$1,564.08	\$33.71	\$66.52	\$24.72	
Children (to age 18)	\$121.64	\$160.38	\$ 311.44	\$ 381.86	\$13.99	\$23.98	\$ 8.90	
<b>29 Months</b> (These rates go into effect in the 19th month of coverage for 29-month COBRA subscribers)								
	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>1</sup>	State Vision Plan	
Subscriber	\$ 405.28	\$ 531.54	\$ 669.70	\$ 769.26	\$11.94	\$22.48	\$ 7.92	
Subscriber/spouse	\$ 880.90	\$1,128.30	\$1,535.22	\$1,684.68	\$19.74	\$42.56	\$15.84	
Subscriber/children	\$ 584.14	\$ 767.40	\$1,127.70	\$1,330.84	\$25.94	\$46.46	\$16.82	
Full family	\$1,066.68	\$1,345.72	\$2,015.68	\$2,300.10	\$33.71	\$66.52	\$24.72	
Children (to age 18)	\$ 178.86	\$ 235.86	\$ 458.00	\$ 561.58	\$13.99	\$23.98	\$ 8.90	

<sup>1</sup> If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You pay the combined premiums for the plans.

**2010 Survivor**

**Health, Dental, Dental Plus and Vision Premiums**

<b>2010 Survivor Full Cost (Non-funded) Monthly Premiums<sup>1</sup></b> (Spouse eligible for Medicare/children eligible for Medicare)							<b>Tobacco users will pay a \$25-per-month surcharge in addition to health premiums</b>	
	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>4</sup>	State Vision Plan
Spouse	N/A	\$336.36	\$354.36	\$446.46	\$512.84	\$11.71	\$22.04	\$ 7.76
Spouse/children	N/A	\$493.60	\$529.60	\$751.80	\$887.22	\$25.43	\$45.54	\$16.48
Children only	N/A	\$157.24	\$175.24 <sup>3</sup>	\$305.34	\$374.38	\$13.72	\$23.50	\$ 8.72
(Spouse eligible for Medicare/children <b>not</b> eligible for Medicare)								
	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>4</sup>	State Vision Plan
Spouse	N/A	\$336.36	\$354.36	\$446.46	\$512.84	\$11.71	\$22.04	\$ 7.76
Spouse/children	N/A	\$493.60	\$511.60	\$751.80	\$887.22	\$25.43	\$45.54	\$16.48
Children only	\$119.24	\$157.24	N/A	\$305.34	\$374.38	\$13.72	\$23.50	\$ 8.72
(Spouse <b>not</b> eligible for Medicare/children eligible for Medicare)								
	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>4</sup>	State Vision Plan
Spouse	\$270.18	\$354.36	N/A	\$446.46	\$512.84	\$11.71	\$22.04	\$ 7.76
Spouse/children	\$389.42	\$511.60	\$529.60 <sup>3</sup>	\$751.80	\$887.22	\$25.43	\$45.54	\$16.48
Children only	N/A	\$157.24	\$175.24 <sup>3</sup>	\$305.34	\$374.38	\$13.72	\$23.50	\$ 8.72
(Spouse <b>not</b> eligible for Medicare/children <b>not</b> eligible for Medicare)								
	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>4</sup>	State Vision Plan
Spouse	\$270.18	\$354.36	N/A	\$446.46	\$512.84	\$11.71	\$22.04	\$ 7.76
Spouse/children	\$389.42	\$511.60	N/A	\$751.80	\$887.22	\$25.43	\$45.54	\$16.48
Children only	\$119.24	\$157.24	N/A	\$305.34	\$374.38	\$13.72	\$23.50	\$ 8.72

<sup>1</sup> Rates for local subdivisions may vary. To verify your rates, contact your benefits office.  
<sup>2</sup> If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.  
<sup>3</sup> This premium applies only if one or more children are eligible for Medicare.  
<sup>4</sup> If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You pay the combined premiums for the plans.

# 2010 Monthly Insurance Premiums for Permanent, Part-time Teachers

2010 Permanent, Part-Time Teachers Monthly Premiums							Tobacco users will pay a \$25-per-month surcharge <i>in addition to health premiums</i>
<b>Category I. 15-19 Hours</b>							
	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>1</sup>	State Vision Plan
Employee only	\$139.74	\$223.92	\$ 316.02	\$ 382.40	\$ 5.86	\$22.04	\$ 7.76
Employee/spouse	\$329.92	\$494.86	\$ 766.14	\$ 865.78	\$13.50	\$41.72	\$15.52
Employee/children	\$204.86	\$327.04	\$ 567.24	\$ 702.66	\$19.58	\$45.54	\$16.48
Full family	\$409.84	\$595.86	\$1,042.50	\$1,232.12	\$27.20	\$65.22	\$24.24
<b>Category II. 20-24 Hours</b>							
	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>1</sup>	State Vision Plan
Employee only	\$ 95.38	\$179.56	\$271.66	\$ 338.04	\$ 3.86	\$22.04	\$ 7.76
Employee/spouse	\$242.42	\$407.36	\$678.64	\$ 778.28	\$ 11.50	\$41.72	\$15.52
Employee/children	\$142.10	\$264.28	\$504.48	\$ 639.90	\$17.58	\$45.54	\$16.48
Full family	\$307.40	\$493.42	\$940.06	\$1,129.68	\$25.20	\$65.22	\$24.24
<b>Category III. 25-29 Hours</b>							
	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus <sup>1</sup>	State Vision Plan
Employee only	\$ 53.64	\$137.82	\$229.92	\$ 296.30	\$ 2.00	\$22.04	\$ 7.76
Employee/spouse	\$160.06	\$325.00	\$596.28	\$ 695.92	\$ 9.64	\$41.72	\$15.52
Employee/children	\$ 83.04	\$205.22	\$445.42	\$ 580.84	\$15.72	\$45.54	\$16.48
Full family	\$211.00	\$397.02	\$843.66	\$1,033.28	\$23.34	\$65.22	\$24.24

<sup>1</sup>If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You will pay the combined premiums for the plans.

2010 Monthly Employer Contributions <sup>1</sup>						
	Category I. 15-19 Hours		Category I. 20-24 Hours		Category I. 25-29 Hours	
	Health	Dental	Health	Dental	Health	Dental
Employee only	\$130.46	\$5.85	\$174.80	\$7.85	\$216.56	\$9.71
Employee/spouse	\$257.36	\$5.85	\$344.86	\$7.85	\$427.20	\$9.71
Employee/children	\$184.58	\$5.85	\$247.32	\$7.85	\$306.40	\$9.71
Full family	\$301.28	\$5.85	\$403.72	\$7.85	\$500.12	\$9.71

<sup>1</sup> Rates for employers of local subdivisions may vary. To check these rates, contact your benefits office.

Premiums

# Optional Life, Dependent Life – Spouse Monthly Premiums

Please note: These schedules are for active employees. If you have questions about continuing your coverage as a retiree, see your benefits administrator or EIP.

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.

## Monthly Premiums for Employees through Age 69

Coverage	Employee's Age*							
	<35	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69
\$ 10,000	\$ 0.52	\$0.68	\$ 0.98	\$ 1.40	\$ 2.06	\$ 3.70	\$ 5.84	\$ 9.78
\$ 20,000	\$ 1.04	\$ 1.36	\$ 1.94	\$ 2.80	\$ 4.12	\$ 7.40	\$ 11.68	\$ 19.56
\$ 30,000	\$ 1.56	\$ 2.04	\$ 2.92	\$ 4.20	\$ 6.18	\$ 11.10	\$ 17.52	\$ 29.34
\$ 40,000	\$ 2.08	\$ 2.72	\$ 3.88	\$ 5.60	\$ 8.24	\$ 14.80	\$ 23.36	\$ 39.12
\$ 50,000	\$ 2.60	\$ 3.40	\$ 4.86	\$ 7.00	\$10.30	\$ 18.50	\$ 29.20	\$ 48.90
\$ 60,000	\$ 3.12	\$ 4.08	\$ 5.82	\$ 8.40	\$12.36	\$ 22.20	\$ 35.04	\$ 58.68
\$ 70,000	\$ 3.64	\$ 4.76	\$ 6.80	\$ 9.80	\$14.42	\$25.90	\$ 40.88	\$ 68.46
\$ 80,000	\$ 4.16	\$ 5.44	\$ 7.76	\$11.20	\$16.48	\$ 29.60	\$ 46.72	\$ 78.24
\$ 90,000	\$ 4.68	\$ 6.12	\$ 8.74	\$12.60	\$18.54	\$ 33.30	\$ 52.56	\$ 88.02
\$100,000	\$ 5.20	\$ 6.80	\$ 9.70	\$14.00	\$20.60	\$ 37.00	\$ 58.40	\$ 97.80
\$110,000	\$ 5.72	\$ 7.48	\$10.68	\$15.40	\$22.66	\$ 40.70	\$ 64.24	\$107.58
\$120,000	\$ 6.24	\$ 8.16	\$11.64	\$16.80	\$24.72	\$ 44.40	\$ 70.08	\$117.36
\$130,000	\$ 6.76	\$ 8.84	\$12.62	\$18.20	\$26.78	\$ 48.10	\$ 75.92	\$127.14
\$140,000	\$ 7.28	\$ 9.52	\$13.58	\$19.60	\$28.84	\$ 51.80	\$ 81.76	\$136.92
\$150,000	\$ 7.80	\$10.20	\$14.56	\$21.00	\$30.90	\$ 55.50	\$ 87.60	\$146.70
\$160,000	\$ 8.32	\$10.88	\$15.52	\$22.40	\$32.96	\$ 59.20	\$ 93.44	\$156.48
\$170,000	\$ 8.84	\$11.56	\$16.50	\$23.80	\$35.02	\$ 62.90	\$ 99.28	\$166.26
\$180,000	\$ 9.36	\$12.24	\$17.46	\$25.20	\$37.08	\$ 66.60	\$105.12	\$176.04
\$190,000	\$ 9.88	\$12.92	\$18.44	\$26.60	\$39.14	\$ 70.30	\$110.96	\$185.82
\$200,000	\$10.40	\$13.60	\$19.40	\$28.00	\$41.20	\$ 74.00	\$116.80	\$195.60
\$210,000	\$10.92	\$14.28	\$20.38	\$29.40	\$43.26	\$ 77.70	\$122.64	\$205.38
\$220,000	\$11.44	\$14.96	\$21.34	\$30.80	\$45.32	\$ 81.40	\$128.48	\$215.16
\$230,000	\$11.96	\$15.64	\$22.32	\$32.20	\$47.38	\$ 85.10	\$134.32	\$224.94
\$240,000	\$12.48	\$16.32	\$23.28	\$33.60	\$49.44	\$ 88.80	\$140.16	\$234.72
\$250,000	\$13.00	\$17.00	\$24.26	\$35.00	\$51.50	\$ 92.50	\$146.00	\$244.50
\$260,000	\$13.52	\$17.68	\$25.22	\$36.40	\$53.56	\$ 96.20	\$151.84	\$254.28
\$270,000	\$14.04	\$18.36	\$26.20	\$37.80	\$55.62	\$ 99.90	\$157.68	\$264.06
\$280,000	\$14.56	\$19.04	\$27.16	\$39.20	\$57.68	\$103.60	\$163.52	\$273.84
\$290,000	\$15.08	\$19.72	\$28.14	\$40.60	\$59.74	\$107.30	\$169.36	\$283.62
\$300,000	\$15.60	\$20.40	\$29.10	\$42.00	\$61.80	\$111.00	\$175.20	\$293.40
\$310,000	\$16.12	\$21.08	\$30.08	\$43.40	\$63.86	\$114.70	\$181.04	\$303.18
\$320,000	\$16.64	\$21.76	\$31.04	\$44.80	\$65.92	\$118.40	\$186.88	\$312.96
\$330,000	\$17.16	\$22.44	\$32.02	\$46.20	\$67.98	\$122.10	\$192.72	\$322.74
\$340,000	\$17.68	\$23.12	\$32.98	\$47.60	\$70.04	\$125.80	\$198.56	\$332.52
\$350,000	\$18.20	\$23.80	\$33.96	\$49.00	\$72.10	\$129.50	\$204.40	\$342.30
\$360,000	\$18.72	\$24.48	\$34.92	\$50.40	\$74.16	\$133.20	\$210.24	\$352.08
\$370,000	\$19.24	\$25.16	\$35.90	\$51.80	\$76.22	\$136.90	\$216.08	\$361.86
\$380,000	\$19.76	\$25.84	\$36.86	\$53.20	\$78.28	\$140.60	\$221.92	\$371.64
\$390,000	\$20.28	\$26.52	\$37.84	\$54.60	\$80.34	\$144.30	\$227.76	\$381.42
\$400,000	\$20.80	\$27.20	\$38.80	\$56.00	\$82.40	\$148.00	\$233.60	\$391.20

Premiums

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

Employee's Age*								
	<35	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69
Coverage								
\$410,000	\$21.32	\$27.88	\$39.78	\$57.40	\$84.46	\$151.70	\$239.44	\$400.98
\$420,000	\$21.84	\$28.56	\$40.74	\$58.80	\$86.52	\$155.40	\$245.28	\$410.76
\$430,000	\$22.36	\$29.24	\$41.72	\$60.20	\$88.58	\$159.10	\$251.12	\$420.54
\$440,000	\$22.88	\$29.92	\$42.68	\$61.60	\$90.64	\$162.80	\$256.96	\$430.32
\$450,000	\$23.40	\$30.60	\$43.66	\$63.00	\$92.70	\$166.50	\$262.80	\$440.10
\$460,000	\$23.92	\$31.28	\$44.62	\$64.40	\$94.76	\$170.20	\$268.64	\$449.88
\$470,000	\$24.44	\$31.96	\$45.60	\$65.80	\$96.82	\$173.90	\$274.48	\$459.66
\$480,000	\$24.96	\$32.64	\$46.56	\$67.20	\$98.88	\$177.60	\$280.32	\$469.44
\$490,000	\$25.48	\$33.32	\$47.54	\$68.60	\$100.94	\$181.30	\$286.16	\$479.22
\$500,000	\$26.00	\$34.00	\$48.50	\$70.00	\$103.00	\$185.00	\$292.00	\$489.00

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

## Monthly Premiums for Employees Age 70 and Older

(Retiree coverage ends at age 75)

Coverage	Coverage	Ages 70 - 74	Coverage	Ages 75 - 79	Coverage	Ages 80+
\$ 10,000	\$ 6,500	\$ 10.28	\$ 4,200	\$ 10.80	\$ 3,170	\$13.62
\$ 20,000	\$ 13,000	\$ 20.54	\$ 8,400	\$ 21.60	\$ 6,340	\$ 27.26
\$ 30,000	\$ 19,500	\$ 30.82	\$ 12,600	\$ 32.42	\$ 9,510	\$ 40.90
\$ 40,000	\$ 26,000	\$ 41.08	\$ 16,800	\$ 43.22	\$ 12,680	\$ 54.52
\$ 50,000	\$ 32,500	\$ 51.36	\$ 21,000	\$ 54.02	\$ 15,850	\$ 68.16
\$ 60,000	\$ 39,000	\$ 61.62	\$ 25,200	\$ 64.82	\$ 19,020	\$ 81.80
\$ 70,000	\$ 45,500	\$ 71.90	\$ 29,400	\$ 75.62	\$ 22,190	\$ 95.42
\$ 80,000	\$ 52,000	\$ 82.16	\$ 33,600	\$ 86.42	\$ 25,360	\$109.06
\$ 90,000	\$ 58,500	\$ 92.44	\$ 37,800	\$ 97.22	\$ 28,530	\$122.68
\$100,000	\$ 65,000	\$102.70	\$ 42,000	\$108.02	\$ 31,700	\$136.30
\$110,000	\$ 71,500	\$112.98	\$ 46,200	\$118.84	\$ 34,870	\$149.94
\$120,000	\$ 78,000	\$123.24	\$ 50,400	\$129.64	\$ 38,040	\$163.58
\$130,000	\$ 84,500	\$133.52	\$ 54,600	\$140.44	\$ 41,210	\$177.20
\$140,000	\$ 91,000	\$143.78	\$ 58,800	\$151.24	\$ 44,380	\$190.82
\$150,000	\$ 97,500	\$154.06	\$ 63,000	\$162.04	\$ 47,550	\$204.48
\$160,000	\$104,000	\$164.32	\$ 67,200	\$172.84	\$ 50,720	\$218.10
\$170,000	\$110,500	\$174.60	\$ 71,400	\$183.64	\$ 53,890	\$231.72
\$180,000	\$117,000	\$184.86	\$ 75,600	\$194.44	\$ 57,060	\$245.36
\$190,000	\$123,500	\$195.14	\$ 79,800	\$205.26	\$ 60,230	\$259.00
\$200,000	\$130,000	\$205.40	\$ 84,000	\$216.06	\$ 63,400	\$272.62
\$210,000	\$136,500	\$215.68	\$ 88,200	\$226.86	\$ 66,570	\$286.26
\$220,000	\$143,000	\$225.94	\$ 92,400	\$237.66	\$ 69,740	\$299.88
\$230,000	\$149,500	\$236.22	\$ 96,600	\$248.46	\$ 72,910	\$313.50
\$240,000	\$156,000	\$246.48	\$100,800	\$259.26	\$ 76,080	\$327.14
\$250,000	\$162,500	\$256.76	\$105,000	\$270.06	\$ 79,250	\$340.78
\$260,000	\$169,000	\$267.02	\$109,200	\$280.86	\$ 82,420	\$354.40
\$270,000	\$175,500	\$277.30	\$113,400	\$291.66	\$ 85,590	\$368.04
\$280,000	\$182,000	\$287.56	\$117,600	\$302.48	\$ 88,760	\$381.68
\$290,000	\$188,500	\$297.84	\$121,800	\$313.28	\$ 91,930	\$395.30
\$300,000	\$195,000	\$308.10	\$126,000	\$324.08	\$ 95,100	\$408.92
\$310,000	\$201,500	\$318.38	\$130,200	\$334.88	\$ 98,270	\$422.56
\$320,000	\$208,000	\$328.64	\$134,400	\$345.68	\$101,440	\$436.20
\$330,000	\$214,500	\$338.92	\$138,600	\$356.48	\$104,610	\$449.82
\$340,000	\$221,000	\$349.18	\$142,800	\$367.28	\$107,780	\$463.46
\$350,000	\$227,500	\$359.46	\$147,000	\$378.08	\$110,950	\$477.10

Premiums

Coverage	Coverage	Ages 70 - 74	Coverage	Ages 75 - 79	Coverage	Ages 80+
\$360,000	\$234,000	\$369.72	\$151,200	\$388.90	\$114,120	\$490.72
\$370,000	\$240,500	\$380.00	\$155,400	\$399.70	\$117,290	\$504.36
\$380,000	\$247,000	\$390.26	\$159,600	\$410.50	\$120,460	\$517.98
\$390,000	\$253,500	\$400.54	\$163,800	\$421.30	\$123,630	\$531.60
\$400,000	\$260,000	\$410.80	\$168,000	\$432.10	\$126,800	\$545.24
\$410,000	\$266,500	\$421.08	\$172,200	\$442.90	\$129,970	\$558.88
\$420,000	\$273,000	\$431.34	\$176,400	\$453.70	\$133,140	\$572.50
\$430,000	\$279,500	\$441.62	\$180,600	\$464.50	\$136,310	\$586.12
\$440,000	\$286,000	\$451.88	\$184,800	\$475.32	\$139,480	\$599.76
\$450,000	\$292,500	\$462.16	\$189,000	\$486.12	\$142,650	\$613.40
\$460,000	\$299,000	\$472.42	\$193,200	\$496.92	\$145,820	\$627.02
\$470,000	\$305,500	\$482.70	\$197,400	\$507.72	\$148,990	\$640.66
\$480,000	\$312,000	\$492.96	\$201,600	\$518.52	\$152,160	\$654.30
\$490,000	\$318,500	\$503.24	\$205,800	\$529.32	\$155,330	\$667.92
\$500,000	\$325,000	\$513.50	\$210,000	\$540.12	\$158,500	\$681.56

## Dependent Life – Child Monthly Premium

The monthly premium for Dependent Life/Child coverage is \$1.24, regardless of the number of children covered.

# Long Term Care Monthly Premiums

## 2010 LONG TERM CARE PREMIUMS\*

### Basic Plan

Age	Plan 1 \$100	Plan 2 \$150	Plan 3 \$200	Plan 4 \$250	Plan 5 \$300	Plan 6 \$350	Plan 7 \$100	Plan 8 \$150	Plan 9 \$200	Plan 10 \$250	Plan 11 \$300	Plan 12 \$350
18-30	\$ 9.88	\$14.82	\$ 19.76	\$24.69	\$ 29.63	\$34.57	\$ 11.64	\$ 17.45	\$23.27	\$29.09	\$34.91	\$40.72
31	10.39	15.59	20.79	25.99	31.18	36.38	12.25	18.38	24.50	30.63	36.75	42.88
32	10.92	16.38	21.84	27.30	32.75	38.22	12.87	19.30	25.73	32.17	38.60	45.04
33	11.43	17.15	22.87	28.58	34.30	40.02	13.49	20.24	26.99	33.73	40.48	47.23
34	12.09	18.14	24.18	30.23	36.27	42.32	14.23	21.35	28.46	35.58	42.69	49.81
35	12.74	19.11	25.47	31.85	38.21	44.58	14.98	22.47	29.96	37.45	44.93	52.43
36	13.25	19.88	26.50	33.13	39.75	46.38	15.72	23.57	31.43	39.29	47.15	55.00
37	14.04	21.06	28.08	35.10	42.12	49.14	16.58	24.88	33.17	41.46	49.75	58.04
38	14.69	22.03	29.37	36.71	44.06	51.40	17.45	26.18	34.91	43.63	52.36	61.08
39	15.46	23.20	30.93	38.66	46.39	54.13	18.32	27.48	36.64	45.80	54.96	64.12
40	16.24	24.36	32.48	40.60	48.72	56.84	19.18	28.77	38.36	47.95	57.54	67.13
41	17.15	25.72	34.30	42.87	51.45	60.02	20.42	30.63	40.84	51.06	61.27	71.48
42	18.19	27.29	36.38	45.48	54.57	63.67	21.53	32.30	43.07	53.83	64.60	75.37
43	19.23	28.85	38.46	48.08	57.69	67.31	22.78	34.17	45.55	56.94	68.33	79.72
44	20.27	30.41	40.54	50.68	60.81	70.95	24.13	36.20	48.26	60.33	72.39	84.46
45	21.44	32.17	42.88	53.61	64.33	75.05	25.49	38.24	50.98	63.73	76.48	89.22
46	22.75	34.12	45.49	56.86	68.24	79.61	26.98	40.47	53.95	67.45	80.93	94.42
47	24.04	36.06	48.08	60.10	72.11	84.13	28.59	42.89	57.19	71.49	85.78	100.08
48	25.47	38.21	50.94	63.68	76.42	89.15	30.32	45.48	60.64	75.80	90.96	106.12
49	26.90	40.35	53.79	67.25	80.69	94.14	32.06	48.09	64.11	80.14	96.17	112.20
50	28.46	42.69	56.92	71.15	85.39	99.62	33.92	50.87	67.83	84.79	101.75	118.71
51	30.66	46.00	61.33	76.66	91.99	107.32	36.51	54.77	73.02	91.28	109.53	127.80
52	33.14	49.71	66.28	82.85	99.41	115.99	39.23	58.84	78.46	98.07	117.69	137.30
53	35.73	53.60	71.47	89.33	107.20	125.07	42.21	63.32	84.42	105.52	126.62	147.73
54	38.59	57.89	77.18	96.49	115.78	135.08	45.42	68.13	90.84	113.55	136.26	158.97
55	41.58	62.38	83.16	103.96	124.75	145.54	49.02	73.53	98.03	122.54	147.05	171.56
56	44.83	67.26	89.67	112.09	134.50	156.92	52.72	79.08	105.44	131.81	158.17	184.53
57	48.47	72.71	96.94	121.18	145.41	169.65	56.68	85.02	113.36	141.70	170.04	198.38
58	52.24	78.36	104.47	130.59	156.71	182.83	61.01	91.53	122.03	152.54	183.04	213.55
59	56.40	84.60	112.80	141.00	169.20	197.39	65.72	98.59	131.44	164.31	197.16	230.03
60	60.82	91.23	121.64	152.06	182.47	212.88	70.67	106.01	141.34	176.68	212.01	247.35
61	66.01	99.02	132.03	165.03	198.04	231.05	76.23	114.35	152.47	190.59	228.70	266.82
62	71.60	107.40	143.20	179.00	214.80	250.60	82.30	123.46	164.61	205.77	246.91	288.07
63	76.31	114.46	152.61	190.77	228.92	267.07	87.13	130.70	174.27	217.84	261.40	304.97
64	81.55	122.32	163.09	203.87	244.64	285.42	92.46	138.68	184.91	231.14	277.37	323.59
65	91.62	137.43	183.23	229.05	274.85	320.66	103.22	154.83	206.44	258.06	309.67	361.28
66	99.41	149.13	198.83	248.54	298.24	347.96	111.64	167.46	223.27	279.09	334.91	390.73
67	107.86	161.79	215.72	269.65	323.57	377.51	120.66	181.00	241.33	301.67	361.99	422.33
68	117.09	175.64	234.18	292.73	351.27	409.82	130.45	195.68	260.90	326.13	391.35	456.58
69	126.97	190.46	253.93	317.42	380.90	444.39	141.09	211.64	282.17	352.72	423.26	493.81
70	137.75	206.64	275.51	344.39	413.26	482.14	152.60	228.91	305.20	381.51	457.80	534.11
71	152.95	229.43	305.91	382.39	458.86	535.34	168.69	253.04	337.38	421.73	506.07	590.42
72	169.59	254.39	339.18	423.98	508.77	593.57	186.39	279.58	372.77	465.96	559.16	652.35
73	188.17	282.26	376.35	470.44	564.52	658.61	205.94	308.91	411.88	514.85	617.82	720.79
74	208.83	313.24	417.66	522.07	626.48	730.90	227.60	341.41	455.21	569.01	682.81	796.62
75	231.70	347.56	463.41	579.27	695.11	810.97	251.49	377.24	502.98	628.73	754.47	880.22
76	257.56	386.35	515.12	643.91	772.68	901.47	277.97	416.96	555.94	694.93	833.92	972.90
77	286.42	429.62	572.83	716.04	859.25	1002.46	307.18	460.77	614.36	767.95	921.54	1075.13
78	318.38	477.58	636.76	795.96	955.15	1114.34	339.48	509.22	678.96	848.70	1018.44	1188.18
79	353.98	530.98	707.97	884.96	1061.95	1238.95	375.26	562.88	750.51	938.14	1125.77	1313.39
80	393.50	590.24	786.99	983.74	1180.49	1377.24	414.61	621.91	829.21	1036.51	1243.82	1451.12
81	424.16	636.24	848.32	1060.40	1272.48	1484.56	444.68	667.02	889.37	1111.71	1334.05	1556.39
82	457.17	685.75	914.33	1142.92	1371.50	1600.08	476.74	715.11	953.48	1191.85	1430.22	1668.59
83	492.65	738.98	985.30	1231.62	1477.94	1724.27	511.14	766.71	1022.28	1277.85	1533.42	1788.99
84	531.11	796.67	1062.22	1327.78	1593.33	1858.88	548.15	822.22	1096.29	1370.37	1644.44	1918.52

Premiums

\*All married applicants receive a 10-percent discount.

# Long Term Care Monthly Premiums

2010 LONG TERM CARE PREMIUMS*												
Basic Plan Plus Automatic Inflation												
Age	Plan 1 \$100	Plan 2 \$150	Plan 3 \$200	Plan 4 \$250	Plan 5 \$300	Plan 6 \$350	Plan 7 \$100	Plan 8 \$150	Plan 9 \$200	Plan 10 \$250	Plan 11 \$300	Plan 12 \$350
18-30	\$37.17	\$55.75	\$74.34	\$92.92	\$111.50	\$130.09	\$43.44	\$65.17	\$86.88	\$108.61	\$130.32	\$152.05
31	38.85	58.29	77.71	97.14	116.56	136.00	45.42	68.13	90.84	113.55	136.26	158.97
32	40.67	61.01	81.35	101.69	122.02	142.36	47.40	71.10	94.80	118.50	142.20	165.90
33	42.49	63.74	84.98	106.23	127.47	148.72	49.51	74.27	99.02	123.78	148.53	173.29
34	44.31	66.47	88.62	110.78	132.93	155.09	51.73	77.60	103.46	129.33	155.20	181.06
35	46.26	69.39	92.52	115.65	138.77	161.90	53.96	80.95	107.93	134.92	161.89	188.88
36	48.34	72.51	96.68	120.85	145.02	169.19	56.31	84.47	112.62	140.77	168.92	197.08
37	50.55	75.83	101.10	126.38	151.65	176.93	58.79	88.19	117.58	146.99	176.38	205.78
38	52.89	79.35	105.79	132.24	158.68	185.13	61.39	92.08	122.78	153.47	184.16	214.86
39	55.23	82.84	110.45	138.07	165.68	193.29	64.10	96.16	128.21	160.27	192.31	224.37
40	57.70	86.56	115.40	144.26	173.10	201.96	66.95	100.43	133.91	167.39	200.86	234.34
41	60.43	90.65	120.86	151.08	181.28	211.50	70.05	105.08	140.11	175.13	210.16	245.19
42	63.29	94.93	126.57	158.22	189.86	221.50	73.27	109.90	146.53	183.16	219.80	256.43
43	66.28	99.41	132.55	165.69	198.83	231.97	76.61	114.92	153.22	191.53	229.83	268.13
44	69.40	104.10	138.79	173.50	208.19	242.89	80.07	120.11	160.15	200.18	240.22	280.25
45	72.64	108.96	145.28	181.60	217.92	254.24	83.79	125.68	167.58	209.47	251.37	293.26
46	76.15	114.23	152.31	190.39	228.46	266.54	87.63	131.44	175.26	219.07	262.88	306.70
47	79.66	119.49	159.32	199.15	238.98	278.81	91.59	137.38	183.17	228.97	274.76	320.55
48	83.43	125.14	166.85	208.57	250.28	291.99	95.79	143.68	191.58	239.47	287.37	335.26
49	87.46	131.19	174.91	218.64	262.37	306.10	100.12	150.19	200.24	250.31	300.36	350.43
50	91.62	137.43	183.23	229.05	274.85	320.66	104.71	157.07	209.41	261.77	314.12	366.48
51	96.69	145.04	193.37	241.72	290.06	338.41	110.27	165.41	220.54	275.68	330.82	385.95
52	102.01	153.02	204.02	255.03	306.03	357.04	115.97	173.95	231.94	289.92	347.90	405.89
53	107.60	161.40	215.19	268.99	322.79	376.59	122.03	183.04	244.06	305.07	366.08	427.10
54	113.57	170.37	227.15	283.94	340.72	397.52	128.46	192.70	256.92	321.16	385.39	449.62
55	119.95	179.92	239.90	299.87	359.84	419.82	135.27	202.91	270.54	338.18	405.81	473.45
56	126.57	189.86	253.15	316.43	379.72	443.01	142.33	213.49	284.66	355.82	426.99	498.15
57	133.59	200.39	267.19	333.99	400.78	467.58	149.75	224.63	299.51	374.39	449.26	524.14
58	141.00	211.49	281.99	352.49	422.99	493.49	157.67	236.51	315.34	394.18	473.01	551.85
59	148.79	223.19	297.59	371.98	446.38	520.78	165.84	248.76	331.68	414.61	497.53	580.45
60	156.98	235.48	313.97	392.47	470.95	549.45	174.51	261.76	349.02	436.27	523.52	610.78
61	162.70	244.06	325.40	406.76	488.10	569.46	180.20	270.31	360.41	450.51	540.61	630.71
62	168.68	253.03	337.36	421.71	506.04	590.39	183.81	275.72	367.62	459.53	551.43	643.34
63	171.92	257.88	343.84	429.81	515.77	601.73	187.57	281.36	375.13	468.92	562.70	656.49
64	175.45	263.18	350.89	438.62	526.34	614.07	189.35	284.03	378.71	473.39	568.06	662.74
65	187.78	281.67	375.56	469.45	563.34	657.23	204.59	306.88	409.17	511.46	613.76	716.05
66	198.70	298.05	397.39	496.75	596.09	695.45	215.72	323.57	431.43	539.29	647.15	755.01
67	210.39	315.59	420.79	525.99	631.18	736.38	227.48	341.23	454.96	568.71	682.45	796.19
68	222.60	333.91	445.21	556.51	667.81	779.11	239.73	359.60	479.47	599.33	719.20	839.07
69	235.73	353.60	471.47	589.34	707.20	825.07	252.85	379.29	505.71	632.14	758.56	884.99
70	249.51	374.27	499.02	623.78	748.53	873.29	266.59	399.89	533.18	666.48	799.77	933.07
71	269.65	404.47	539.30	674.12	808.95	934.77	286.76	430.14	573.52	716.90	860.28	1003.66
72	291.35	437.04	582.71	728.39	874.06	1019.75	308.42	462.64	616.85	771.06	925.27	1079.49
73	314.88	472.32	629.76	787.19	944.63	1102.07	331.68	497.53	663.37	829.21	995.05	1160.89
74	340.22	510.33	680.44	850.55	1020.66	1190.77	356.81	535.22	713.63	892.03	1070.44	1248.84
75	367.76	551.64	735.52	919.40	1103.28	1287.16	383.79	575.69	767.58	959.48	1151.37	1343.27
76	400.12	600.18	800.24	1000.30	1200.36	1400.43	415.59	623.39	831.19	1038.99	1246.78	1454.58
77	435.47	653.21	870.94	1088.68	1306.41	1524.15	449.88	674.83	899.77	1124.72	1349.65	1574.60
78	473.80	710.71	947.60	1184.51	1421.40	1658.31	487.13	730.70	974.27	1217.84	1461.40	1704.97
79	515.51	773.28	1031.03	1288.79	1546.54	1804.30	527.36	791.04	1054.72	1318.40	1582.08	1845.76
80	561.00	841.51	1122.01	1402.52	1683.01	1963.52	571.04	856.57	1142.09	1427.61	1713.13	1998.66
81	595.96	893.94	1191.92	1489.90	1787.88	2085.86	604.09	906.14	1208.18	1510.23	1812.27	2114.32
82	633.13	949.69	1266.26	1582.82	1899.39	2215.95	638.99	958.48	1277.97	1597.47	1916.96	2236.45
83	672.63	1008.95	1345.26	1681.58	2017.89	2354.21	675.99	1013.99	1351.99	1689.98	2027.98	2365.98
84	714.61	1071.91	1429.21	1786.52	2143.82	2501.12	715.11	1072.67	1430.22	1787.78	2145.33	2502.89

Premiums

\*All married applicants receive a 10-percent discount.

Premiums