

Premiums

September 1, 2023

Health premiums for the A&M Care plan below **include** a \$30 wellness premium for you and for your spouse in the appropriate column. If you have completed your two-step wellness activities or are waived because you are newly enrolled, you will see credit in Workday that will reduce your premium. Premiums increase by \$30/month if you or your spouse is a tobacco user:

| Health | | 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 | Monthly | \$920.04 | \$30.00 | \$1,512.12 | \$341.04 | \$1,310.56 | \$225.26 | \$1,741.04 | \$455.50 |
| | Bi-Weekly | \$920.04 | \$15.00 | \$1,512.12 | \$170.52 | \$1,310.56 | \$112.63 | \$1,741.04 | \$227.75 |
| J Plan | Monthly | \$890.04 | \$0.00 | \$1,452.12 | 281.04 | \$1,280.56 | \$195.26 | \$1,681.04 | \$395.50 |
| | Bi Weekly | \$890.04 | \$0.00 | \$1,452.12 | \$140.52 | \$1,280.56 | \$97.63 | \$1,681.04 | \$197.75 |

Part-Time Employees (work a 20-29 hour 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 | Monthly | \$920.04 | \$477.36 | \$1,512.12 | \$928.94 | \$1,310.56 | \$770.26 | \$1,741.04 | \$1,100.62 |
| | Bi-Weekly | \$920.04 | \$238.68 | \$1,512.12 | \$464.47 | \$1,310.56 | \$385.13 | \$1,741.04 | \$550.31 |
| J Plan | Monthly | \$890.04 | \$447.36 | \$1,452.12 | \$868.94 | \$1,280.56 | \$740.26 | \$1,681.04 | \$1,040.62 |
| | Bi-Weekly | \$890.04 | \$223.68 | \$1,452.12 | \$434.47 | \$1,280.56 | \$370.13 | \$1,681.04 | \$520.31 |
| Graduate Plan | Monthly | \$252.00 | \$0.00 | \$504.00 | \$0.00 | \$669.00 | \$128.70 | \$921.00 | \$280.58 |
| | Bi Weekly | \$252.00 | \$0.00 | \$504.00 | \$0.00 | \$669.00 | \$64.35 | \$921.00 | \$140.29 |

| Dental | | Employee Only | | Employee & Spouse | | Employee & Child(ren) | | Employee & Family | |
|----------------|-----------|---------------|---------|-------------------|---------|-----------------------|---------|-------------------|---------|
| A&M Dental PPO | Monthly | | \$30.00 | | \$60.00 | | \$63.00 | | \$96.00 |
| | Bi-Weekly | | \$15.00 | | \$30.00 | | \$31.50 | | \$48.00 |
| DeltaCare USA | Monthly | | \$21.08 | | \$37.48 | | \$37.76 | | \$58.66 |
| Dental HMO | Bi-Weekly | | \$10.54 | | \$18.74 | | \$18.88 | | \$29.33 |

| Vision | | Employee Only | | Employee & Spouse | | Employee & Child(ren) | | Employee & Family | |
|-----------|--|---------------|--------|-------------------|---------|-----------------------|---------|-------------------|---------|
| Monthly | | | \$7.60 | | \$16.12 | | \$12.46 | | \$22.22 |
| Bi-Weekly | | | \$3.80 | | \$8.06 | | \$6.23 | | \$11.11 |

| AD&D | | Employee Only | | Employee and Family | |
|--------------------|--|---------------|--------|---------------------|--------|
| Rate per \$10,000: | | Monthly | \$0.10 | Monthly | \$0.24 |
| | | Bi-Weekly | \$0.05 | Bi-Weekly | \$0.12 |

Non-Tobacco Rate

Tobacco Rate

Long-Term Disability

Rate per \$100 of monthly salary:

| | | |
|-----------|---------|---------|
| Monthly | \$.178 | \$.230 |
| Bi-Weekly | \$.089 | \$.115 |

Flexible Spending Account

Maximum you can deduct from your pay:

Health Care Spending Account - \$3,050
 Dependent Daycare Spending Account - \$5,000

Basic Life

The premium for this plan is usually paid by the employer contribution.

Basic Life: \$4.70

Alternate Basic Life: \$.626 per \$1,000 of coverage

Optional Life

Your age on September 1 will be the age used to calculate your premiums for the rest of the fiscal year. If you are a bi-weekly employee, the life rates are divided in half per month. *Monthly rate per \$1,000:*

| | Age = | Under 25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75+ |
|------------------|---------|----------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|
| Non-Tobacco Rate | Monthly | \$.05 | \$.05 | \$.05 | \$.06 | \$.07 | \$.12 | \$.20 | \$.36 | \$.56 | \$.76 | \$1.43 | \$2.00 |
| Tobacco Rate | Monthly | \$.10 | \$.10 | \$.10 | \$.12 | \$.14 | \$.24 | \$.40 | \$.72 | \$1.12 | \$1.52 | \$2.86 | \$4.00 |

Dependent Life

Plan A: Spouse Age-based rate per \$1,000 of coverage; Child: \$.06 per \$1,000 of coverage

Spouse Plan B: \$1.05/month (flat rate) for \$5,000 in DL and AD&D

Child Plan B: \$0.32/month (flat rate) for \$5,000 in DL and AD&D

Plan C: 1/2 Alternate Basic Life premium; 1/10 if no spouse is covered

| | Age = | Under 25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75+ |
|------------------|---------|----------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|
| Non-Tobacco Rate | Monthly | \$.05 | \$.06 | \$.08 | \$.09 | \$.10 | \$.15 | \$.23 | \$.43 | \$.66 | \$1.27 | \$2.06 | \$2.06 |
| Tobacco Rate | Monthly | \$.060 | \$.072 | \$.096 | \$.108 | \$.120 | \$.180 | \$.276 | \$.516 | \$.792 | \$1.524 | \$2.472 | \$2.472 |