Premiums – 9 Month Full-Time Employee

September 1, 2023

For 9-month, full-time monthly paid positions, premiums are prorated so that you pay for 12 months of premiums over 9 months. This means that you pay for 12 months of premiums by May 31. You do not have to pay premiums during the summer and you will have coverage, unless you are terminating employment. In this case, you will receive a refund for the summer months. Tobacco user and wellness charges, if applicable, are \$40/month, since they are prorated. If you have a wellness credit, that is prorated as well. Health rates include a prorated \$30 wellness premium for both you and your spouse. Only the A&M Care Plan is eligible for the wellness premium. If you have completed your wellness activities, you will see a prorated \$30 credit in Workday that will reduce this premium. Premiums increase by \$40 if you or your spouse is a tobacco user:

	Employe	e Only	Employee	& Spouse	Employee &	Child(ren)	Employee & Family			
Та	otal Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cos		
nths \$	51,226.72	\$40.00	\$2,016.16	\$454.72	\$1,747.41	\$300.34	\$2,321.39	\$607.33		
nths \$	51,186.72	\$0.00	\$1,936.16	\$374.72	\$1,707.41	\$260.35	\$2,241.39	\$527.33		
Dental Employee Only		Empl	oyee & Spouse	Employe	e & Child(ren)	Employee & Family				
				\$80.00	\$	84.00	\$128.00			
eltaCare USA 9-Months \$28.11				\$49.97			\$78.21			
ision Employee Only		y	Employee & S	pouse	Employee & Child(ren)		Employee & Family			
9-Months \$10.13			\$21.49			1	\$29.63			
AD&D					Employee and Family					
Rate per \$10,000: Monthly*			\$.14			2	\$.24			
sahility			Non-Tobacco	Rate		Toba	cco Rate			
Long-Term Disability Rate per \$100 of monthly salary:		Monthly* \$.178				\$.230				
	nths § nths § 9-Months 9-Months <i>E</i> Monthly*	Total Cost nths \$1,226.72 nths \$1,186.72 E 9-Months 9-Months Employee Onl \$10.13 Monthly*	nths \$1,226.72 \$40.00 nths \$1,186.72 \$0.00 <i>Employee Only</i> 9-Months \$40.00 9-Months \$28.11 <i>Employee Only</i> \$10.13 <i>H</i> Monthly*	Total Cost Your Cost Total Cost nths \$1,226.72 \$40.00 \$2,016.16 nths \$1,186.72 \$0.00 \$1,936.16 Employee Only Employ 9-Months \$40.00 \$1,936.16 Employee Only Employee Signature Employee & Signature 9-Months \$28.11 \$21.49 Monthly* \$.14 \$.14	Total Cost Your Cost Total Cost Your Cost nths \$1,226.72 \$40.00 \$2,016.16 \$454.72 nths \$1,186.72 \$0.00 \$1,936.16 \$374.72 Employee Only Employee & Spouse \$374.72 9-Months \$40.00 \$80.00 \$80.00 9-Months \$28.11 \$49.97 \$49.97 Employee Only Employee & Spouse \$21.49 \$10.13 \$21.49 \$21.49	Total Cost Your Cost Total Cost Your Cost Total Cost nths \$1,226.72 \$40.00 \$2,016.16 \$454.72 \$1,747.41 nths \$1,186.72 \$0.00 \$1,936.16 \$374.72 \$1,707.41 Employee Only Employee & Spouse Employee Employee Employee Employee 9-Months \$40.00 \$80.00 \$80.00 \$ \$ \$ 9-Months \$40.00 \$80.00 \$ <td>Total Cost Your Cost Total Cost Your Cost Total Cost Your Cost nths \$1,226.72 \$40.00 \$2,016.16 \$454.72 \$1,747.41 \$300.34 nths \$1,186.72 \$0.00 \$1,936.16 \$374.72 \$1,707.41 \$260.35 Employee Only Employee & Spouse Employee & Child(ren) 9-Months \$40.00 \$80.00 \$84.00 9-Months \$28.11 \$49.97 \$50.35 Employee Only Employee & Spouse Employee & Child(ren) \$10.13 \$21.49 \$16.61</td> <td>Total Cost Your Cost Total Cost Your Cost State Cost</td>	Total Cost Your Cost Total Cost Your Cost Total Cost Your Cost nths \$1,226.72 \$40.00 \$2,016.16 \$454.72 \$1,747.41 \$300.34 nths \$1,186.72 \$0.00 \$1,936.16 \$374.72 \$1,707.41 \$260.35 Employee Only Employee & Spouse Employee & Child(ren) 9-Months \$40.00 \$80.00 \$84.00 9-Months \$28.11 \$49.97 \$50.35 Employee Only Employee & Spouse Employee & Child(ren) \$10.13 \$21.49 \$16.61	Total Cost Your Cost State Cost		

Flexible Spending Account

Dependent Daycare Spending Account - \$5,000

Basic Life	The premium for this plan is usually paid by the employer contribution. Basic Life: \$6.59 Alternate Basic Life: \$.878 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. <i>Monthly rate per \$1,000:</i>												
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: Spo Plan B: \$1. Plan C: ½ A	37/month	(flat rate)	• •	C		•	00 of cover	age				
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			

*Employees deducted over 9 months: After calculating your monthly rate, multiply the rate by 12 to get your annual total, and divide it by 9 months.