

## 2015 Monthly Insurance Premiums for Active Subscribers

EMPLOYER				
	Health	Dental	Life	LTD
Subscriber Only	344.58	11.72	0.28	3.22
Subscriber/Spouse	682.54	11.72	0.28	3.22
Subscriber/Child	528.88	11.72	0.28	3.22
Full Family	854.58	11.72	0.28	3.22

HEALTH EMPLOYEE			
	Savings	Standard	Tricare
Subscriber Only	9.70	97.68	62.50
Subscriber/Spouse	77.40	253.36	121.50
Subscriber/Child	20.48	143.86	121.50
Full Family	113.00	306.56	162.50

TOBACCO SURCHARGE	
Single Coverage	40.00
Non-Single Coverage	60.00

DENTAL EMPLOYEE		
	Basic	Plus
Subscriber Only	0.00	24.58
Subscriber/Spouse	7.64	49.66
Subscriber/Child	13.72	57.26
Full Family	21.34	74.22

VISION	
	Subscriber Only
Subscriber/Spouse	7.00
Subscriber/Child	14.00
Full Family	14.98
Full Family	21.98

DEPENDENT LIFE	
15,000	1.10

SUPPLEMENTAL LTD		
AGE	90 DAY	180 DAY
< 31	0.00063	0.00050
31 – 40	0.00088	0.00067
41 – 50	0.00175	0.00133
51 – 60	0.00352	0.00270
61 – 65	0.00423	0.00325
> 65	0.00517	0.00397

### STEPS TO CALCULATE SLTD MONTHLY PREMIUM

1. Always select floating decimal (F) on your calculator.
2. Divide gross annual salary by 12 to determine monthly salary.
3. Multiply monthly salary by rate factor from table.
4. Drop digits to right of 2 decimal places; do not round.
5. If number is even, this is the monthly premium.
6. If number is odd, add .01, this is the monthly premium.