

## Monthly Premiums – Retirees

September 1, 2022

### Health

|                  | Retiree Only |           | Retiree & Spouse |           | Retiree & Child(ren) |           | Retiree & Family |           |
|------------------|--------------|-----------|------------------|-----------|----------------------|-----------|------------------|-----------|
|                  | Total Cost   | Your Cost | Total Cost       | Your Cost | Total Cost           | Your Cost | Total Cost       | Your Cost |
| A&M Care         | \$815.28     | \$ 0.00   | \$1,377.36       | \$281.04  | \$1,205.80           | \$195.26  | \$1,606.28       | \$395.50  |
| A&M Care 65 PLUS | \$729.67     | \$ 0.00   | \$1,231.22       | \$134.90  | \$1,078.08           | \$67.54   | \$1,435.59       | \$224.81  |

The health care premium increases by \$30/month if you or your spouse is a tobacco user.

### Dental

|                      | Retiree Only | Retiree & Spouse | Retiree & Child(ren) | Retiree & Family |
|----------------------|--------------|------------------|----------------------|------------------|
| A&M Dental PPO       | \$30.00      | \$60.00          | \$63.00              | \$96.00          |
| DeltaCare USA Dental | \$21.08      | \$37.48          | \$37.76              | \$58.66          |

### Vision

|  | Retiree Only | Retiree & Spouse | Retiree & Child(ren) | Retiree & Family |
|--|--------------|------------------|----------------------|------------------|
|  | \$7.60       | \$16.12          | \$12.46              | \$22.22          |

### 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.

|                           | Age      | Non-tobacco rate | Tobacco rate | Age   | Non-tobacco rate | Tobacco rate |
|---------------------------|----------|------------------|--------------|-------|------------------|--------------|
| Monthly Rate per \$1,000: | Under 25 | \$.05            | \$.10        | 50-54 | \$.20            | \$.40        |
|                           | 25-29    | .05              | .10          | 55-59 | .36              | .72          |
|                           | 30-34    | .05              | .10          | 60-64 | .56              | 1.12         |
|                           | 35-39    | .06              | .12          | 65-69 | .76              | 1.52         |
|                           | 40-44    | .07              | .14          | 70-74 | 1.43             | 2.86         |
|                           | 45-49    | .12              | .24          | 75+   | 2.00             | 4.00         |

### Dependent Life

Plan A: Child \$.06 per \$1,000 of coverage

Plan B: Spouse: \$1.05 (flat rate) for \$5,000 in DL & AD&D Child: \$0.32 (flat rate) for \$5,000 in DL & AD&D

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

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

### AD&D

Monthly rate per \$10,000

Retiree Only

\$ .28

Retiree & Family

\$ .46

### Survivor Rates

Survivors are eligible for only health, dental, and vision coverage.

|                      | Participant Only | Participant & Spouse | Participant & Child(ren) | Participant & Family |
|----------------------|------------------|----------------------|--------------------------|----------------------|
| A&M Care             | \$815.28         | \$1,377.36           | \$1,205.80               | \$1,606.28           |
| A&M Care 65 PLUS     | \$729.67         | \$1,231.22           | \$1,078.08               | \$1,435.59           |
| A&M Dental PPO       | \$ 30.00         | \$ 60.00             | \$ 63.00                 | \$ 96.00             |
| DeltaCare USA Dental | \$ 21.08         | \$ 37.48             | \$ 37.76                 | \$ 58.66             |
| Vision               | \$ 7.60          | \$ 16.12             | \$ 12.46                 | \$ 22.22             |