

Monthly Premiums – Retirees

September 1, 2021

Health

	<i>Retiree Only</i>		<i>Retiree & Spouse</i>		<i>Retiree & Child(ren)</i>		<i>Retiree & Family</i>	
	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>
A&M Care	\$676.82	\$ 0.00	\$1,238.90	\$281.04	\$1,067.34	\$195.26	\$1,467.82	\$395.50
A&M Care 65 PLUS	\$605.75	\$ 0.00	\$1,107.45	\$149.59	\$954.29	\$82.21	\$1,311.84	\$239.52

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

Dental

	<i>Retiree Only</i>	<i>Retiree & Spouse</i>	<i>Retiree & Child(ren)</i>	<i>Retiree & Family</i>
A&M Dental PPO	\$29.42	\$58.82	\$61.76	\$94.12
DeltaCare USA Dental	\$21.08	\$37.48	\$37.76	\$58.66

Vision

	<i>Retiree Only</i>	<i>Retiree & Spouse</i>	<i>Retiree & Child(ren)</i>	<i>Retiree & Family</i>
	\$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.

<i>Monthly Rate per \$1,000:</i>	<i>Age</i>	<i>Non-tobacco rate</i>	<i>Tobacco rate</i>	<i>Age</i>	<i>Non-tobacco rate</i>	<i>Tobacco rate</i>
		Under 25	\$.05	\$.10	50-54	\$.20
	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: ½ Alternate Basic Life premium; 1/10 if no spouse is covered

<i>Age</i>	<i>Non-tobacco rate</i>	<i>Tobacco Rate</i>	<i>Age</i>	<i>Non-tobacco rate</i>	<i>Tobacco Rate</i>
Under	\$.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.

	<i>Participant Only</i>	<i>Participant & Spouse</i>	<i>Participant & Child(ren)</i>	<i>Participant & Family</i>
A&M Care	\$623.76	\$1,185.82	\$1,014.29	\$1,414.76
A&M Care 65 PLUS	\$558.26	\$1,060.00	\$906.86	\$1,246.42
A&M Dental PPO	\$ 29.42	\$ 58.82	\$ 61.76	\$ 94.12
DeltaCare USA Dental	\$ 21.08	\$ 37.48	\$ 37.76	\$ 58.66
Vision	\$ 7.60	\$ 16.12	\$ 12.46	\$ 22.22